

Invoice Address  
University Hospitals Bristol and Weston NHSFT  
PO Box 3214  
Trust HQ  
Marlborough Street  
Bristol  
BS1 9JR

Delivery Address  
St Michaels Hospital  
Ward 76 Level E  
Southwell Street  
Bristol  
BS2 8EG

Supplier  
Viamed Ltd  
15 Station Road  
Cross Hills  
Keighley, West Yorkshire  
BD20 7DT, United Kingdom  
Tel: +44 (0) 1535 634542  
Fax: +44 (0) 1535 635582  
Email: info@viamed.co.uk  
VAT Reg No: GB287389593  
Company Reg No: 01291765  
EORI No: GB287389593000



Contact Name Procurement  
Contact Tel 01173425324  
Account 00000691  
Customer Reference EP130195  
Date 05 Dec 2025  
Tracking Number 1Z9W96386877630151  
Priced In UK Pounds

## Invoice RVM160545-1

CIP Carriage and Insurance Paid To St Michaels Hospital, UK \* Incoterms(r) 2020

Delivery Reference DVM160545-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	56.70	11.34	136.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877630151		10.00	2.00	12.00

Total Net: 123.40  
Total Vat: 24.68  
Total: 148.08

Banking details  
Bank Barclays Bank PLC  
Sort Code 20-78-42  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKGB22  
Terms & conditions <https://www.viamed.co.uk/terms>

Terms: Net 30 days from date of invoice.  
Full invoice amount to be credited to our account net of all bank charges.  
Claims: Please claim non delivery within 7 days of invoice.  
Shortages or damage within 3 days of receipt.  
Claims after these times cannot be entertained.  
Title to goods does not pass until payment in full has been received.