

Invoice Address
Hull University Teaching Hospitals
C/O ELFS Business Services
Viscount House Arkwright Court
Commercial Road
Darwen
BB3 0FG

Delivery Address
Hull Royal Infirmary
HUTH Goods Inward
Fountain Street
Anlaby Road
Hull
HU3 2JZ

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	Supplies Department
Contact Tel	01482608783
Account	00002265
Customer Reference	RWA274190
Date	10 Dec 2025
Tracking Number	1Z9W96386876526598
Priced In	UK Pounds

Invoice RVM160612-1

CIP Carriage and Insurance Paid To Hull Royal Infirmary, UK * Incoterms(r) 2020

Delivery Reference DVM160612-1 Contact emily.morton@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	1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876526598		8.00	1.60	9.60

Total Net:	64.70
Total Vat:	12.94
Total:	77.64

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGBB22
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.