

Invoice Address  
Mid Cheshire Hospitals NHSFT  
Financial Services Department  
Leighton Hospital  
Middlewich Road  
Crewe  
CW1 4QJ

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 Team  
Contact Tel 01270612590  
Account 00001310  
Customer Reference 000112936  
Date 18 Dec 2025  
Tracking Number 1Z9W96386876337935  
Priced In UK Pounds

## Invoice RVM160789-1

Delivery Address  
Leighton Hospital  
Receipts and Distribution  
Middlewich Road  
Crewe  
CW1 4QJ

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

Delivery Reference DVM160789-1 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
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	56.70	11.34	68.04
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876337935		10.00	2.00	12.00

Total Net: 236.80  
Total Vat: 47.36  
Total: 284.16

Banking details  
Bank Barclays Bank PLC  
Sort Code 20-78-42  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKBGB22  
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.