

**Invoice Address**

United Lincolnshire Hospitals NHST  
Accounts Payable (Ref: ULHT)  
Lincoln County Hospital  
Greetwell Road  
Lincoln  
LN2 5QY

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****Purchasing Dept**

Contact Tel 01522512512

Account 00002609

Customer Reference U051378

Date 29 Dec 2025

Tracking Number 1Z9W96386842006392

Priced In UK Pounds

Delivery Address  
Lincoln County Hospital  
Central Goods Receipt Point  
Greetwell Road  
Lincoln  
LN2 5QY

**Invoice RVM160884-1**

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

Delivery Reference DVM160884-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	3	56.70	11.34	204.12
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	3	56.70	11.34	204.12
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842006392		12.00	2.40	14.40
				Total Net:	352.20
				Total Vat:	70.44
				Total:	422.64

**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 full has been received.