



Invoice Address

Leicester University Hospitals
Accounts Payable Department
PO Box 189
Leicester
LE1 5WP

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
Tel: +44 (0) 1535 634542
Fax: +44 (0) 1535 638582
Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765
EORI No: GB287389593000

Contact Name	Procurement
Contact Tel	03003031573
Account	00002590
Customer Reference	MM181505
Date	07 Jan 2026
Tracking Number	1Z9W96386841286118
Priced In	UK Pounds

Invoice RVM161051-1

Delivery Address
Leicester General Hospital
N.I.C.U. LGH
C/o Receipts and Distribution
Gwendolen Road
Leicester
LE5 4PW

CIP Carriage and Insurance Paid To Leicester General Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM161051-1 Contact kate.griffiths@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
PPUPPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841286118	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 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.