



**Invoice Address**  
Norfolk and Norwich UH FT  
RM1 Payables G105  
PO Box 312  
Leeds  
LS11 1HP

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 Junior Buyer  
Contact Tel 01603286120  
Account 00003890  
Customer Reference 358078582  
Date 09 Jan 2026  
Tracking Number 1Z9W96386876607778  
Priced In UK Pounds

**Delivery Address**  
Norfolk and Norwich Uni Hospital  
RM1 Buxton Ward WV4997  
Colney Lane  
Norwich  
NR4 7UY

**Invoice RVM161109-1**

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

Delivery Reference DVM161109-1 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	1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876607778	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 full has been received.