

Invoice Address  
Worcestershire Acute Hospitals NHST  
RWP Payables 6485  
PO Box 312  
Leeds  
LS11 1HP

Supplier  
Viamed Ltd  
15 Station Road  
Cross Hills  
Keighley, West Yorkshire  
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Company Reg No: 01291765  
EORI No: GB287389593000



Contact Name Haley Cook  
Contact Tel 01905763333  
Account 00005445  
Customer Reference 305671312  
Date 12 Jan 2026  
Tracking Number 1Z9W96386842735452  
Priced In UK Pounds

## Invoice RVM161156-1

Delivery Address  
Worcestershire Royal Hospital  
Loading Bay  
Charles Hastings Way  
Worcester  
WR5 1DD

CIP Carriage and Insurance Paid To Worcestershire Royal Hosp, UK \* Incoterms(r) 2020

Delivery Reference DVM161156-1 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	2	56.70	11.34	136.08
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	2	56.70	11.34	136.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842735452		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 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.