

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
BD20 7DT, United Kingdom
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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**

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

Invoice RVM161156-1

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 **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.