



Invoice Address
Sandwell and West Birmingham
Hospitals NHS Trust SWBH BU
SF Office 14 Trinity House
Lyndon
West Bromwich
B71 4HJ

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 Sukhpreet Doal
Contact Tel 01215531831
Account CID31628
Customer Reference GENPO013593
Date 14 Jan 2026
Tracking Number 1Z9W96386878048173
Priced In UK Pounds

Invoice RVM161181-1

Delivery Address
Midland Metropolitan University
Hospital Receipt and Distribution
London Street off Grove Lane
Smethwick
Sandwell
B66 2QT

CIP Carriage and Insurance Paid To Midland Met Uni Hosp, UK * Incoterms(r) 2020

Delivery Reference DVM161181-1 Contact aqib.majeed@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 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386878048173 | 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.