

Invoice Address
West Herts Teaching Hospitals
NHS Trust Finance Department
Maple House Unit 11
Thomas Sawyer Way
Watford
WD18 0GS

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 Amanda Thomas
Contact Tel 01923244366
Account 00005260
Customer Reference 990141183
Date 15 Jan 2026
Tracking Number 1Z9W96386841346606
Priced In UK Pounds

Invoice RVM161212-1

Delivery Address
Watford General Hospital
Receipt and Delivery Point - WGH
NB Access Via Vicarage Road Only
Vicarage Road
Watford
WD19 0HB

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

Delivery Reference DVM161212-1 Contact aqib.majeed@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 | 4 | 56.70 | 11.34 | 272.16 |
| 1114006 Tariff 9018199000 CoO Mexico | EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20 | 4 | 56.70 | 11.34 | 272.16 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386841346606 | | 12.00 | 2.40 | 14.40 |

Total Net: 465.60
Total Vat: 93.12
Total: 558.72

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.