



## 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](mailto:info@viamed.co.uk)  
VAT Reg No: GB287389593  
Company Reg No: 01291765  
EORI No: GB287389593000

Contact Name	Procurement
Contact Tel	01603287461
Account	00003892
Customer Reference	358079435
Date	16 Jan 2026
Tracking Number	1Z9W96386876229098
Priced In	UK Pounds

Invoice RVM161230-1

Delivery Address  
Norfolk and Norwich University  
Hospital  
Colney Lane  
Norwich  
NR4 7UY

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

Delivery Reference DVM161230-1 Contact emily.morton@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	2	56.70	11.34	136.08
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	56.70	11.34	136.08
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	2	56.70	11.34	136.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876229098		12.00	2.40	14.40
				Total Net:	352.20
				Total Vat:	70.44
				Total:	422.64

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 payment in full has been received.