

Invoice Address
 University Hospitals Bristol and Weston NHSFT
 PO Box 3214
 Trust HQ
 Marlborough Street
 Bristol
 BS1 9JR

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 Purchasing
 Contact Tel 01173429411
 Account 00000691
 Customer Reference EP143417
 Date 20 Jan 2026
 Tracking Number 1Z9W96386877128785
 Priced In UK Pounds

Invoice RVM161286-1

Delivery Address
 St Michaels Hospital
 Special Care Baby Unit
 Level D
 Southwell Street
 Bristol
 BS2 8EG

CIP Carriage and Insurance Paid To St Michaels Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM161286-1 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	4	56.70	11.34	272.16
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877128785		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 payment in full has been received.