

Invoice Address  
 Leicester University Hospitals  
 Accounts Payable Department  
 PO Box 189  
 Leicester  
 LE1 5WP

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 Procurement  
 Contact Tel 03003031573  
 Account 00002590  
 Customer Reference MM181927  
 Date 21 Jan 2026  
 Tracking Number 1Z9W96386878569593  
 Priced In UK Pounds

## Invoice RVM161321-1

Delivery Address  
 Leicester General Hospital  
 N.I.C.U. LGH  
 C/o Receipts and Distribution  
 Gwendolen Road  
 Leicester  
 LE5 4PW

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

Delivery Reference DVM161321-1 Contact kate.griffiths@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:1Z9W96386878569593		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 payment in full has been received.