

Invoice Address
West Suffolk NHSFT
Finance Dep - Accounts Payable
Hardwick Lane
Bury St Edmunds
IP33 2QZ

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 IMS Buyer
Contact Tel 01284712826
Account 00000835
Customer Reference 800048959
Date 22 Jan 2026
Tracking Number 1Z9W96386876877852
Priced In UK Pounds

Invoice RVM161374-1

Delivery Address
West Suffolk NHS Foundation Trust
Main Stores
Hardwick Lane
Bury St Edmunds
IP33 2QZ

CIP Carriage and Insurance Paid To West Suffolk NHSFT, UK * Incoterms(r) 2020

Delivery Reference DVM161374-1 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:1Z9W96386876877852 | | 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.