

Invoice Address  
UHS Estates Limited  
Tremona Road  
Southampton  
SO16 6YD

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 John Ayres  
Contact Tel 02380777222  
Account 00004735  
Customer Reference RHME400062665  
Date 29 Jan 2026  
Tracking Number 1Z9W96386877336916  
Priced In UK Pounds

## Invoice RVM161492-1

Delivery Address  
Southampton General Hospital  
General Stores Level B Centre Block  
Tremona Road  
Southampton  
SO16 6YD

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

Delivery Reference DVM161492-1 Contact emily.morton@viamed.co.uk

| Item Reference                             | Description  | Quantity | Unit  | Unit Vat | Total  |
|--|--|----------|-------|----------|--------|
| 1114006<br>Tariff 9018199000<br>CoO Mexico | EyeMax 2 Neonatal Phototherapy Mask - Premie<br>Ref. R300P02<br>Pack of 20 | 3        | 56.70 | 11.34    | 204.12 |
| PPUPS1                                     | UPS Courier Delivery - Standard<br>AWB:1Z9W96386877336916                  |          | 10.00 | 2.00     | 12.00  |

Total Net: 180.10  
Total Vat: 36.02  
Total: 216.12

Banking details  
Bank Barclays Bank PLC  
Sort Code 20-78-42  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKGB22  
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.