

Invoice Address
University Hospitals Birmingham
BHST Business Group
PO Box 16967
Edgbaston
Birmingham
B16 6TT

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
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Contact Name Harriet Little
Contact Tel 01214242000
Account 00000517
Customer Reference 924290
Date 11 Feb 2026
Tracking Number 1Z9W96386878411378
Priced In UK Pounds

Invoice RVM161752-1

Delivery Address
Good Hope Hospital
T56500 Central Stores
Rectory Road
Sutton Coldfield
B75 7RR

CIP Carriage and Insurance Paid To Good Hope Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM161752-1 Contact aqib.majeed@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	3	56.70	11.34	204.12
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	3	56.70	11.34	204.12
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878411378		12.00	2.40	14.40

Total Net: 465.60
Total Vat: 93.12
Total: 558.72

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.