

Invoice Address  
 Northern Lincolnshire and Goole NHSFT  
 C/O ELFS Business Services  
 Viscount House Arkwright Court  
 Commercial Road  
 Darwen  
 BB3 0FG

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 03033306757  
 Account 00001995  
 Customer Reference MM47234  
 Date 04 Mar 2026  
 Tracking Number 1Z9W96386878703400  
 Priced In UK Pounds

## Invoice RVM162192-1

Delivery Address  
 Diana Princess of Wales Hospital  
 DPOW Receipt and Distribution  
 Scartho Road  
 Grimsby  
 DN33 2BA

CIP Carriage and Insurance Paid To Diana POW Hospital, UK \* Incoterms 2020

Delivery Reference DVM162192-1 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	1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878703400		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.