

Invoice Address
 Royal Devon Univ. Healthcare NHST
 Cash Management Department
 Gladstone House
 Gladstone Road
 Exeter
 EX1 2ED

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 01392405406
 Account 00001700
 Customer Reference 30218794
 Date 10 Mar 2026
 Tracking Number 1Z9W96386878871747
 Priced In UK Pounds

Invoice RVM162288-1

Delivery Address
 Royal Devon and Exeter Hospital
 (Wonford) Neonatal Unit (CWH)
 Centre For Child And Womens Health
 Barrack Road
 Exeter
 EX2 5DW

CIP Carriage and Insurance Paid To Royal Devon Univ. Healthcare, UK * Incoterms 2020

Delivery Reference DVM162288-1 Contact emily.morton@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 |
| 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:1Z9W96386878871747 | | 10.00 | 2.00 | 12.00 |

Total Net: 123.40
 Total Vat: 24.68
 Total: 148.08

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.