

Invoice Address
 Western Health and Social
 Shared Services Payment Centre
 PO Box1044
 Ballymena
 BT42 9BT
 Northern Ireland

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 Kay Porter
 Contact Tel 02866382000
 Account 00000196
 Customer Reference EB214108
 Date 11 Mar 2026
 Tracking Number 1Z9W96386878862480
 Priced In UK Pounds

Invoice RVM162356-1

Delivery Address
 South West Acute Hospital
 R and D CTR
 Receipt and Distribution Point
 124 Irvinestown Road
 Enniskillen
 BT74 6DN

CIP Carriage and Insurance Paid To South West Acute Hosp, UK * Incoterms 2020

Delivery Reference DVM162356-1 Contact emily.morton@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
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	56.70	11.34	68.04
PPUPS2	UPS Courier Delivery - Standard 32 x 16 x 16 cm 0.5kg AWB:1Z9W96386878862480		8.58	1.72	10.30

Total Net: 121.98
 Total Vat: 24.40
 Total: 146.38

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.