

Invoice Address
 Lewisham and Greenwich NHS Trust
 RJ2 Payables 4715
 PO BOX 312
 Leeds
 LS11 1HP

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 Chris Graham
 Contact Tel 02083333000
 Account 00003000
 Customer Reference 99536608
 Date 19 Mar 2026
 Tracking Number 1Z9W96386840359354
 Priced In UK Pounds

Invoice RVM162488-1

Delivery Address
 University Hospital Lewisham
 Main Stores
 Goods Inwards
 High Street
 Lewisham
 SE13 6LH

CIP Carriage and Insurance Paid To University Hosp Lewisham, UK * Incoterms 2020

Delivery Reference DVM162488-1 Contact sophie.lines@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
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840359354		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.