

Invoice Address  
 North West Anglia NHS FT  
 RGN Payables 7455  
 PO Box 312  
 Leeds  
 LS11 1HP

Supplier  
 Viamed Ltd  
 15 Station Road  
 Cross Hills  
 Keighley, West Yorkshire  
 BD20 7DT, United Kingdom  
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 Fax: +44 (0) 1535 635582  
 Email: info@viamed.co.uk  
 VAT Reg No: GB287389593  
 Company Reg No: 01291765  
 EORI No: GB287389593000



Contact Name Sharon Skeels  
 Contact Tel 01480418769  
 Account 00004113  
 Customer Reference 233377778  
 Date 19 Mar 2026  
 Tracking Number 1Z9W96386877783264  
 Priced In UK Pounds

## Invoice RVM162490-1

Delivery Address  
 Peterborough City Hospital  
 Central Stores  
 Edith Cavell Campus  
 Bretton  
 Peterborough  
 PE3 9GZ

CIP Carriage and Insurance Paid To Peterborough City Hosp, UK \* Incoterms 2020

Delivery Reference DVM162490-1 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
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	12	11.75	2.35	169.20
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877783264		0.00	0.00	0.00

Total Net: 254.40  
 Total Vat: 50.88  
 Total: 305.28

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.