

Invoice Address
Norfolk and Norwich UH FT
RM1 Payables G105
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 Junior Buyer
Contact Tel 01603286120
Account 00003890
Customer Reference 358088271
Date 23 Mar 2026
Tracking Number 1Z9W96386842801568
Priced In UK Pounds

Invoice RVM162533-1

Delivery Address
Norfolk and Norwich University
Hospitals NHSFT
Colney Lane
Norwich
NR4 7UY

CIP Carriage and Insurance Paid To Norfolk Hospital, UK * Incoterms 2020

Delivery Reference DVM162533-1 Contact kate.griffiths@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:1Z9W96386842801568 | | 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 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.