

Invoice Address
 Leicester University Hospitals
 Accounts Payable Department
 PO Box 189
 Leicester
 LE1 5WP

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 03003031573
 Account 00002590
 Customer Reference MM188926
 Date 14 Apr 2026
 Tracking Number 1Z9W96386876358092
 Priced In UK Pounds

Invoice RVM162714-1

Delivery Address
 Leicester General Hospital
 N.I.C.U. LGH
 C/o Receipts and Distribution
 Gwendolen Road
 Leicester
 LE5 4PW

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

Delivery Reference DVM162714-1 Contact kate.griffiths@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:1Z9W96386876358092		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 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.