

Invoice Address  
 Manchester University NHSFT  
 Trafford General Hospital  
 Accounts Payable - Central Invoices  
 Corporate Services Business Unit  
 Davyhulme  
 M41 5SL

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 Julie Shiel  
 Contact Tel 01612912932  
 Account 00003640  
 Customer Reference 000101\_100019812  
 Date 09 Apr 2026  
 Tracking Number 1Z9W96386877142027  
 Priced In UK Pounds

## Invoice RVM162831-1

Delivery Address  
 Wythenshawe Hospital  
 Receipt & Distribution  
 Southmoor Road  
 Wythenshawe  
 Manchester  
 M23 9LT

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

Delivery Reference DVM162831-1 Contact sophie.lines@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	2	56.70	11.34	136.08
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	3	56.70	11.34	204.12
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877142027		12.00	2.40	14.40

Total Net: 295.50  
 Total Vat: 59.10  
 Total: 354.60

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.