

Invoice Address
 Maidstone and Tunbridge Wells NHST
 Accounts Payable Finance Department
 Unit F Hermitage Court
 Hermitage Lane
 Maidstone
 ME16 9NT

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 01622225329
 Account 00000019
 Customer Reference 500528469
 Date 09 Apr 2026
 Tracking Number 1Z9W96386877200231
 Priced In UK Pounds

Invoice RVM162833-1

Delivery Address
 Tunbridge Wells Hospital
 Postnatal Ward Green Zone
 Level 3 Main Stores
 Tonbridge Road Pembury
 Tunbridge Wells
 TN2 4QJ

CIP Carriage and Insurance Paid To Tunbridge Wells Hosp, UK * Incoterms 2020

Delivery Reference DVM162833-1 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	1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877200231		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.