

Invoice Address  
 Mid Cheshire Hospitals NHSFT  
 Financial Services Department  
 Leighton Hospital  
 Middlewich Road  
 Crewe  
 CW1 4QJ

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 Team  
 Contact Tel 01270612590  
 Account 00001310  
 Customer Reference 000117619  
 Date 21 Apr 2026  
 Tracking Number 1Z9W96386877743628  
 Priced In UK Pounds

## Invoice RVM163071-1

Delivery Address  
 Leighton Hospital  
 Receipts and Distribution  
 Middlewich Road  
 Crewe  
 CW1 4QJ

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

Delivery Reference DVM163071-1 Contact aqib.majeed@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:1Z9W96386877743628		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 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.