

Invoice Address
Northern Lincolnshire and Goole NHSFT
C/O ELFS Business Services
Viscount House Arkwright Court
Commercial Road
Darwen
BB3 0FG

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 Purchasing
Contact Tel 03033306757
Account 00001995
Customer Reference MM48890
Date 07 May 2026
Tracking Number 1z9w96386878401094
Priced In UK Pounds

Invoice RVM163376-1

Delivery Address
Diana Princess of Wales Hospital
DPOW Receipt and Distribution
Scarcho Road
Grimsby
DN33 2BA

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

Delivery Reference DVM163376-1 Contact aqib.majeed@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	58.90	11.78	70.68
PPUPS1	UPS Courier Delivery - Standard AWB:1z9w96386878401094		8.00	1.60	9.60

Total Net: 66.90
Total Vat: 13.38
Total: 80.28

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.