

Invoice Address
 Norfolk and Norwich UH FT
 RM1 Payables G105
 PO Box 312
 Leeds
 LS11 1HP

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 Junior Buyer
 Contact Tel 01603286120
 Account 00003890
 Customer Reference 358095355
 Date 15 May 2026
 Tracking Number 1Z9W96386841562677
 Priced In UK Pounds

Invoice RVM163558-1

Delivery Address
 Norfolk and Norwich Univ Hospital
 RM1 Neonatal Int Care Unit WV4317
 Colney Lane
 Norwich
 NR4 7UY

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

Delivery Reference DVM163558-1 Contact kate.griffiths@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	58.90	11.78	141.36
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	58.90	11.78	141.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841562677		10.00	2.00	12.00

Total Net: 245.60
 Total Vat: 49.12
 Total: 294.72

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.