

Invoice Address  
 2Gether Support Solutions Ltd  
 Payments Department Trust Offices  
 Kent and Canterbury Hospital  
 Ethelbert Road  
 Canterbury  
 CT1 3NG

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 01233651957  
 Account 00000150  
 Customer Reference 40086545  
 Date 21 May 2026  
 Tracking Number 1Z9W96386876232815  
 Priced In UK Pounds

## Invoice RVM163667-1

Delivery Address  
 William Harvey Hospital  
 Main Stores  
 Kennington Road  
 Ashford  
 TN24 0LZ

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

Delivery Reference DVM163667-1 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	1	58.90	11.78	70.68
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:1Z9W96386876232815		10.00	2.00	12.00

Total Net: 127.80  
 Total Vat: 25.56  
 Total: 153.36

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.