

Invoice Address
 West Suffolk NHSFT
 Finance Dep - Accounts Payable
 Hardwick Lane
 Bury St Edmunds
 IP33 2QZ

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 IMS Buyer
 Contact Tel 01284712826
 Account 00000835
 Customer Reference 800061535
 Date 02 Jun 2026
 Tracking Number 1Z9W96386876528201
 Priced In UK Pounds

Invoice RVM163861-1

Delivery Address
 West Suffolk NHS Foundation Trust
 Main Stores
 Hardwick Lane
 Bury St Edmunds
 IP33 2QZ

CIP Carriage and Insurance Paid To West Suffolk NHSFT, UK * Incoterms 2020

Delivery Reference DVM163861-1 Contact aqib.majeed@viamed.co.uk

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|----------------------------------------------------|-----------------------------------------------------------------------------|----------|-------|----------|-------|
| 0021013 Tariff 90181990-00 CoO United States | Posey Sensor Wraps Model 6554 Box of 12 | 4 | 12.55 | 2.51 | 60.24 |
| 1114005 Tariff 9018199000 CoO Mexico | EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20 | 1 | 58.90 | 11.78 | 70.68 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386876528201 | | 0.00 | 0.00 | 0.00 |

Total Net: 109.10
 Total Vat: 21.82
 Total: 130.92

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.