

Invoice Address
Doncaster and Bassetlaw
Teaching FT
RP5 Payables F655
PO BOX 312
Leeds
LS11 1HP

Delivery Address
Bassetlaw Hospital
Main Stores
RP53237 Ward A3
Kilton
Worksop
S81 0BD

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 Sarah Sutherland
Contact Tel 01302642373
Account 00005470
Customer Reference 323521876
Date 24 Jun 2026
Tracking Number 1Z9W96386876725453
Priced In UK Pounds

Invoice RVM164325-1

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

Delivery Reference DVM164325-1 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
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876725453		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.