

Invoice Address
East Suffolk and North Essex NHSFT
Finance Department North Lodge
Turner Road
Colchester
CO4 5JL

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	Web Buyer
Contact Tel	01473704463
Account	00002320
Customer Reference	200355543
Date	03 Jul 2026
Tracking Number	1Z9W96386877458553
Priced In	UK Pounds

Invoice RVM164493-1

Delivery Address
The Ipswich Hospital
Main Stores
Woodbridge Road East
Ipswich
IP4 5PD

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

Delivery Reference DVM164493-1 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:1Z9W96386877458553		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.