Invoice Address
East Suffolk and North Essex NHS FT
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	Kim White-Overton
Contact Tel	01206742571
Account	00001220
Customer Reference	200356784
Date	21 Jul 2026
Tracking Number	1Z9W96386841897306
Priced In	UK Pounds

Delivery Address
Colchester General Hospital
Goods Receiving Area
Turner Road
Colchester
CO4 5JL

Invoice RVM164757-1

CIP Carriage and Insurance Paid To Colchester General Hosp, UK * Incoterms 2020

Delivery Reference DVM164757-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	10	58.90	11.78	706.80
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	5	58.90	11.78	353.40
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	10	58.90	11.78	706.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841897306		12.00	2.40	14.40

Total Net:	1,484.50
Total Vat:	296.90
Total:	1,781.40

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.