

Invoice Address
Epsom and St Helier University Hospital
RVR Payables 7545
PO Box 312
Leeds
LS11 1HP

Delivery Address
St Helier Hospital
Receipt and Despatch
Wrythe Lane
Carlshilton
SM5 1AA

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	02033223912
Account	00001020
Customer Reference	249315556
Date	06 Aug 2026
Tracking Number	1Z9W96386877303102
Priced In	UK Pounds

Invoice RVM165105-1

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

Delivery Reference DVM165105-1 Contact sophie.lines@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	5	58.90	11.78	353.40
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877303102		12.00	2.40	14.40

Total Net:	306.50
Total Vat:	61.30
Total:	367.80

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.