Invoice Address University Hosp Of Derby and Burton NHS FT Accounts Payable The House Queens Hospital Belvedere Road Burton-on-Trent **DE13 0RB**

Delivery Address Royal Derby Hospital Neonatal I.C.U Receipt and Distribution Kings Treatment Centre Uttoxeter Road Derby DE22 3NE

Supplier Viamed Ltd 15 Station Road Cross Hills

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

Karen Henderson Contact Name 01332340131 Contact Tel 00001390 Account Customer Reference 640190207 Date 05 Sep 2025

1Z9W96386840218809 Tracking Number

Priced In **UK Pounds**

Invoice RVM158869-1

CIP Carriage and Insurance Paid To Royal Derby Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM158869-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	1	56.70	11.34	68.04
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 1	56.70	11.34	68.04
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840218809		10.00	2.00	12.00

Total Net: 180.10 Total Vat: 36.02 Total: 216.12

Banking details Bank Sort Code

Barclays Bank PLC 20-78-42 00906662 Account Number

IBAN BUKBGB22 Terms & conditions https://www.viamed.co.uk/terms

GB05BUKB20784200906662

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.