**Invoice Address** MSE Group Financial Services Department Unit 12-14 Britannia Park **Comet Way** Southend-on-Sea SS2 6GE

Delivery Address Broomfield Hospital Goods Receiving Office Court Road Broomfield Chelmsford CM1 7ET

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

Nick Edwards Contact Name Contact Tel 03004430144 00001045 Account Customer Reference LC225708 Date 07 Oct 2025

Tracking Number 1Z9W96386878323526

Priced In **UK Pounds** 

## Invoice RVM159384-1

CIP Carriage and Insurance Paid To Broomfield Hospital, UK \* Incoterms(r) 2020

## Delivery Reference DVM159384-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premi Ref. R300P02 Pack of 20	ie 2	56.70	11.34	136.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878323526		10.00	2.00	12.00

Total Net: 123.40 Total Vat: 24.68 Total: 148.08

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

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.

