Invoice Address Rotherham NHS Foundation Trust Financial Services C/O Woodside Moorgate Road Rotherham S60 2UD

Supplier Viamed Ltd 15 Station Road Cross Hills Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
Tel: +44 (0) 1535 634542
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Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765
EORI No: GB287389593000

Joanne Lyne Contact Name 01709820000 Contact Tel 00004400 Account Customer Reference 5261458 Date 08 Oct 2025

Tracking Number 1Z9W96386877526989

Priced In **UK Pounds**

Delivery Address Rotherham General Hospital Stores Central Receipt Point Moorgate Road Rotherham S60 2UD

Invoice RVM159408-1

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

Delivery Reference DVM159408-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 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
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877526989		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 BIC 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.

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