Invoice Address Southampton General Hospital Tremona Road Southampton SO16 6YD

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



Contact Name Contact Tel

Emma Bailey 02380777222 00004725

Customer Reference

RHMN400040078

Date

Account

23 Oct 2025

Tracking Number

1Z9W96386878925528

Priced In

UK Pounds

Delivery Address Princess Anne Hospital TK1703 RM F8 Lyndhurst WD F Level General Store LVL B Centre Blcok Coxford Road Southampton SO16 6YD

Invoice RVM159709-1

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

Delivery Reference DVM159709-1 Contact sophie.lines@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 3	56.70	11.34	204.12
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878925528		10.00	2.00	12.00

Total Net: 180.10 Total Vat: 36.02

Total: 216.12

Banking details

Barclays Bank PLC Bank 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.

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