**Invoice Address** Univ Hospitals Morecambe Bay C/o ELFS Business Services Viscount House Arkwright Court Commercial Road Darwen BB3 0FG

**Delivery Address** Furness General Hospital Receipt & Distribution Abbey Road Barrow-in-Furness **LA14 4LF** 

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

Tracking Number

Kerry Little Contact Name 01229870870 Contact Tel 00002471 Account MBH80689 Customer Reference Date 26 Nov 2025

Priced In

**UK Pounds** 

## Invoice RVM159984-1

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

## Delivery Reference DVM159984-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regul Ref. R300P01 Pack of 20	ar 2	56.70	11.34	136.08
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premi Ref. R300P02 Pack of 20	e 1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876101804		10.00	2.00	12.00

Total Net: 180.10 Total Vat: 36.02 Total: 216.12

1Z9W96386876101804

Banking details Bank Sort Code

20-78-42 00906662 Account Number IBAN GB05BUKB20784200906662 BUKBGB22 Terms & conditions https://www.viamed.co.uk/terms

Barclays Bank PLC

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.

Page 1