

Invoice Address
University Hospitals of Leicester NHST
Leicester Royal Infirmary
Accounts Payable Department
P O Box 189
Leicester
LE1 5WP

Supplier
Viamed Ltd
15 Station Road
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 | Procurement |
| Contact Tel | 03003031573 |
| Account | 00002600 |
| Customer Reference | MM178355 |
| Date | 24 Nov 2025 |
| Tracking Number | 1Z9W96386841449899 |
| Priced In | UK Pounds |

Invoice RVM160280-1

Delivery Address
Leicester Royal Infirmary
Ward 11 LV 4 Bal Build
C/O Materials Handling Unit
Gate 9 Havelock Street
Leicester
LE2 7HA

CIP Carriage and Insurance Paid To Leicester Royal Infirmary, UK * Incoterms(r) 2020

Delivery Reference DVM160280-1 Contact kate.griffiths@viamed.co.uk

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|--|---|----------|-------|----------|-------|
| 0021013 Tariff 90181990-00 CoO United States | Posey Sensor Wraps Model 6554 Box of 12 | 1 | 16.20 | 3.24 | 19.44 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386841449899 | | 0.00 | 0.00 | 0.00 |

| | |
|------------|-------|
| Total Net: | 16.20 |
| Total Vat: | 3.24 |
| Total: | 19.44 |

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGBB22
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.