Invoice Address University Hospitals Birmingham **BHST Business Group** PO Box 16967 Edgbaston Birmingham **B16 6TT**

Delivery Address Good Hope Hospital T56500 Central Stores Rectory Road Sutton Coldfield B75 7RR

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 Stacey Lowry 01214247775 Contact Tel 00000517 Account Customer Reference 915978 Date 26 Nov 2025

Tracking Number 1Z9W96386876989704

Priced In **UK Pounds**

Invoice RVM160329-1

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

Delivery Reference DVM160329-1 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
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876989704		0.00	0.00	0.00

Total Net: 56.70 Total Vat: 11.34 Total: 68.04

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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.