



Invoice Address

The Royal Wolverhampton NHS Trust
RL4 Payables G175
PO BOX 312
Leeds
LS11 1HP

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
Tel: +44 (0) 1535 634542
Fax: +44 (0) 1535 638582
Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765
EORI No: GB287389593000

Contact Name: Serena Credali
Contact Tel: 01902307999
Account: 00005430
Customer Reference: 365006806
Date: 03 Dec 2025
Tracking Number: 1Z9W96386877080219
Priced In: UK Pounds

Invoice RVM160512-1

CIP Carriage and Insurance Paid To RWT New Cross Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM160512-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	56.70	11.34	68.04
PPUPPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877080219	8.00	1.60		9.60
				Total Net:	64.70
				Total Vat:	12.94
				Total:	77.64

Banking details

Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
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.