

Invoice Address  
Northern Lincolnshire and Goole NHSFT  
C/O ELFS Business Services  
Viscount House Arkwright Court  
Commercial Road  
Darwen  
BB3 0FG

Delivery Address  
Diana Princess of Wales Hospital  
DPOW Receipt and Distribution  
Scarcho Road  
Grimsby  
DN33 2BA

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	Purchasing
Contact Tel	03033306757
Account	00001995
Customer Reference	MM45857
Date	15 Jan 2026
Tracking Number	1Z9W96386842805135
Priced In	UK Pounds

## Invoice RVM161199-1

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

Delivery Reference DVM161199-1 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
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842805135		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 BUKGB22  
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.