

Invoice Address
UHS Estates Limited
Tremona Road
Southampton
SO16 6YD

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 Rebecca Vinton
Contact Tel 02380825088
Account 00004735
Customer Reference RHME400070824
Date 25 Mar 2026
Tracking Number 1Z9W96386878580427
Priced In UK Pounds

Invoice RVM162585-1

Delivery Address
Southampton General Hospital
ZL1312 P.A.H Burley F Level
General Stores Level B Centre
Tremona Road
Southampton
SO16 6YD

CIP Carriage and Insurance Paid To Southampton Hospital, UK * Incoterms 2020

Delivery Reference DVM162585-1 Contact sophie.lines@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:1Z9W96386878580427		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.