

Invoice Address  
Doncaster and Bassetlaw  
Teaching FT  
RP5 Payables F655  
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 635582  
Email: info@viamed.co.uk  
VAT Reg No: GB287389593  
Company Reg No: 01291765  
EORI No: GB287389593000



Contact Name Sarah Sutherland  
Contact Tel 01302642373  
Account 00005470  
Customer Reference 323508179  
Date 26 Mar 2026  
Tracking Number 1Z9W96386876555673  
Priced In UK Pounds

## Invoice RVM162611-1

Delivery Address  
Bassetlaw Hospital  
Main Stores  
Kilton  
Worksop  
S81 0BD

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

Delivery Reference DVM162611-1 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	20	56.70	11.34	1,360.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876555673		12.00	2.40	14.40

Total Net: 1,146.00  
Total Vat: 229.20  
Total: 1,375.20

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.