

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

Viamed Ltd



Delivery Address

West Cumberland Hospital
 Receipt And Distribution
 Homewood Road
 Whitehaven
 CA28 8JG

Invoice Address

North Cumbria Integrated Care NHS FT
 Accounts Payable
 Parkhouse Building
 Kingmoor Park, Baron Way
 Carlisle
 CA6 4SJ

Contact Name
 Contact Tel

: Purchasing
 : 01524511910

Account
 Customer Reference
 Date
 Priority

00000970
 RNNN400212371
 30 Apr 2024
 3

Priced In

UK Pounds

Order Confirmation CVM149660

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CIP Carriage and Insurance Paid To West Cumberland Hospital, UK * Incoterms(R) 2020

Your Viamed Contact for this Order Confirmation : janine.gill@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	55.30	11.06	66.36
0021013	Posey Sensor Wraps Model 6554 Box of 12	1	15.80	3.16	18.96
PPUPS1	UPS Courier Delivery - Standard	1	0.00	0.00	0.00
Total Net:					71.10
Total Vat:					14.22
Total:					85.32

Banking details
 Bank
 Sort Code
 Account Number
 IBAN
 BIC
 Terms and conditions

BIC
 Barclays Bank PLC
 20-78-42
 00906662
 GB05BUKB20784200906662
 BUKGB22

<https://www.viamed.co.uk/terms>