Invoice Address Antrim Area Hospital **Antrim Hospital Pharmacy Department Bush Road Antrim BT41 2RL**

Supplier Viamed Ltd 15 Station Road Cross Hills 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

02894424277 Contact Tel 00000126 Account Customer Reference HOL1220144 Date

02 Jan 2024

Roisin Campbell

Delivery Address Holywell Hospital Tardree House Tracking Number

1Z9W96386878950894

Priced In

UK Pounds

60 Steeple Road Antrim BT41 2RJ Northern Ireland

Invoice RVM147405-1

CIP Carriage and Insurance Paid To Antrim Area Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM147405-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	11	11.45	2.29	151.14
PPUPS2	UPS Courier Delivery - Standard 32 x 24 x 12 cm 0.6 kg AWB:1Z9W96386878950894		8.89	1.78	10.67

Total Net: 134.84 Total Vat: 26.97 Total: 161.81

Banking details Bank

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

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.