

Invoice Address
Antrim Area Hospital
Pharmacy Department
45 Bush Road
Antrim
BT41 2RL
Northern Ireland

Delivery Address
Pharmacy Store
Tardree House
60 Steeple Road
Antrim
BT41 2RJ
Northern Ireland

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 Simon Walker
Contact Tel 02894424763
Account 00000126
Customer Reference HOL0129730
Date 30 Jan 2024
Tracking Number 1Z9W96386878512223
Priced In UK Pounds

Invoice RVM147934-1

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

Delivery Reference DVM147934-1 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:1Z9W96386878512223		9.16	1.83	10.99

Total Net: 135.11
Total Vat: 27.02
Total: 162.13

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGBB22
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.