

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

Delivery Address
West Cumberland Hospital
Receipt and Distribution
Homewood Road
Whitehaven
CA28 8JG

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	Purchasing
Contact Tel	01524511910
Account	00000970
Customer Reference	RNNN400212371
Date	30 Apr 2024
Tracking Number	1Z9W96386878058868
Priced In	UK Pounds

Invoice RVM149660-1

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

Delivery Reference DVM149660-1 Contact janine.gill@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	55.30	11.06	66.36
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	1	15.80	3.16	18.96
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878058868		0.00	0.00	0.00

Total Net:	71.10
Total Vat:	14.22
Total:	85.32

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGBG22
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.