**Invoice Address** North Cumbria Integrated Care NHSFT Accounts Payable Parkhouse Building Kingmoor Park Baron Way Carlisle CA6 4SJ

Delivery Address Cumberland Infirmary Receipt and Distribution Newtown Road Carlisle CA2 7HY

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

**Purchasing Team** 01524511910 00000981

Priced In **UK Pounds** 



## Invoice RVM152214-1

CIP Carriage and Insurance Paid To Cumberland Infirmary, UK \* Incoterms(r) 2020

## Delivery Reference DVM152214-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021014 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 case of 48 boxes	1	496.50	99.30	595.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876728423		0.00	0.00	0.00

Total Net: 496.50 Total Vat: 99.30

Total: 595.80

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.

Page 1