

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 Zofia Muhler  
Contact Tel 01946523109  
Account 00000970  
Customer Reference RNNN400245919  
Date 06 Dec 2024  
Tracking Number 1Z9W96386877771777  
Priced In UK Pounds

## Invoice RVM153738-1

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

Delivery Reference DVM153738-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0014651 Tariff 9018199000 CoO Germany	Pulse Oximetry Finger Clip Sensor Viamed SMARTsat - Adult SF7500VM Cable Length: 1.2m	1	153.00	30.60	183.60
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877771777		0.00	0.00	0.00

Total Net: 153.00  
Total Vat: 30.60  
Total: 183.60

Banking details  
Bank Barclays Bank PLC  
Sort Code 20-78-42  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKGB22  
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.