Invoice Address Antrim Area Hospital **Pharmacy Dept** 45 Bush Road **Antrim BT41 2RL**

Tardree House 60 Steeple Road

Antrim BT41 2RJ

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



Delivery Address Northern Health and Social Care Trust Pharmacy Store

Roisin Campbell Contact Name 02894424277 Contact Tel 00000128 Account **Customer Reference** HOL/1916338 Date 06 Jan 2025

Tracking Number 1Z9W96386842061402

Priced In **UK Pounds**

Invoice RVM154196-1

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	22	11.80	2.36	311.52
PPUPS2	UPS Courier Delivery - Standard AWB:1Z9W96386842061402		8.16	1.63	9.79

Delivery Reference DVM154196-1 Contact kate.griffiths@viamed.co.uk

Total Net: 267.76 Total Vat: 53.55

Total: 321.31

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.

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