

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
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 01228814671
Account 00000980
Customer Reference RNNN400255271
Date 21 Feb 2025
Tracking Number 1Z9W96386840839559
Priced In UK Pounds

Invoice RVM154854-1

CIP Carriage and Insurance Paid To Viamed North Cumbria University * Incoterms(r) 2020

Delivery Reference DVM154854-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1480000 Tariff 9018199000 CoO United Kingdom	V1000 Foetal Heart Simulator Service and Functional Check	1	65.00	13.00	78.00
S/N: PR01225A15, SRS69017, SRN37600					
1430309 Tariff 9031808000 CoO United Kingdom	V1000 Transducer Interface Cushion SRS69017, SRN37600	1	0.00	0.00	0.00
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840839559		12.00	2.40	14.40

Total Net: 77.00
Total Vat: 15.40
Total: 92.40

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.