

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	Purchasing Team
Contact Tel	01524511910
Account	00000981
Customer Reference	RNNN400258463
Date	06 Mar 2025
Tracking Number	1Z9W96386876023827
Priced In	UK Pounds

Invoice RVM155439-1

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

Delivery Reference DVM155439-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114016 Tariff 90181990-00 CoO China	NeoMask Neonatal Phototherapy Mask Model: Type III - Medium. Pack of 20.	1	46.00	9.20	55.20
1114015 Tariff 90181990-00 CoO China	NeoMask Neonatal Phototherapy Mask Model: Type III - Large. Pack of 20.	1	46.00	9.20	55.20
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876023827		10.00	2.00	12.00

Total Net:	102.00
Total Vat:	20.40
Total:	122.40

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.