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

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 Tardree House 60 Steeple Road

Antrim BT41 2RJ

Simon Walker Contact Name Contact Tel 02894424000 00000128 Account Customer Reference HOL/2251599 Date 17 Mar 2025

Tracking Number 1Z9W96386842039179

Priced In **UK Pounds** 

## Invoice RVM155631-1

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	16	11.75	2.35	225.60
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842039179		0.00	0.00	0.00

Delivery Reference DVM155631-1 Contact emily.morton@viamed.co.uk

**Total Net:** 188.00 Total Vat: 37.60 Total: 225.60

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

IBAN BIC BUKBGB22 Terms & conditions https://www.viamed.co.uk/terms

GB05BUKB20784200906662

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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