

Invoice Address
North Cumbria Integrated Care NHS FT
Accounts Payable
Parkhouse Building Kingmoor Park
Baron Way
Carlisle
CA6 4SJ

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 Chloe Banks
Contact Tel 01946523003
Account 00000970
Customer Reference RNNN400267613
Date 13 May 2025
Tracking Number 1Z9W96386876073489
Priced In UK Pounds

Invoice RVM156659-1

Delivery Address
West Cumberland Hospital
Receipt and Distribution
Homewood Road
Whitehaven
CA28 8JG

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

Delivery Reference DVM156659-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0014851 Tariff 9018199000 CoO Germany	Pulse Oximetry Silicone Wrap Sensor Viamed - W7500VM Cable Length: 1.2m	5	193.90	38.78	1,163.40
PPUPS1	S/N:GJP10045-GJP10049 UPS Courier Delivery - Standard AWB:1Z9W96386876073489		0.00	0.00	0.00

Total Net: 969.50
Total Vat: 193.90
Total: 1,163.40

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.