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

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

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

Sony Davis Contact Name 01228523444 Contact Tel 00000970 Account **Customer Reference** RNNN400276599

Date 15 Jul 2025

Tracking Number 1Z9W96386841818641

Priced In **UK Pounds** 

## Invoice RVM157890-1

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

## Delivery Reference DVM157890-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110057 Tariff 9019209000 CoO United States	Teledyne Oxygen Sensor T-7	1	72.30	14.46	86.76
	S/N:264615				
PPUPS1	UPS Courier Delivery - Standard		0.00	0.00	0.00
	AWB:1Z9W96386841818641				

Total Net: 72.30 Total Vat: 14.46

Total: 86.76

Banking details Bank

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

IBAN BUKBGB22

GB05BUKB20784200906662 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.

