Invoice Address
North West Anglia NHS FT
RGN Payables 7455
PO Box 312
Leeds
LS11 1HP

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	Sharon Skeels
Contact Tel	01480418769
Account	00004113
Customer Reference	233361334
Date	18 Jul 2025
Tracking Number	1Z9W96386876476893
Priced In	UK Pounds

Delivery Address
Peterborough City Hospital
Central Stores
Edith Cavell Campus
Bretton
Peterborough
PE3 9GZ

Invoice RVM157962-1

CIP Carriage and Insurance Paid To Peterborough City Hosp, UK * Incoterms(r) 2020

Delivery Reference DVM157962-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	12	11.75	2.35	169.20
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876476893		0.00	0.00	0.00

Total Net:	141.00
Total Vat:	28.20
Total:	169.20

Banking details

Bank	Barclays Bank PLC
Sort Code	20-78-42
Account Number	00906662
IBAN	GB05BUKB20784200906662
BIC	BUKBGB22

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.