**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

Tracking Number

Purchasing Contact Name Contact Tel 01524511910 00000970 Account Customer Reference RNNN400282842

Date 27 Aug 2025 1Z9W96386877004408

Priced In

**UK Pounds** 

## Invoice RVM158673-1

CIP Carriage and Insurance Paid To West Cumberland Hospital, UK \* Incoterms(r) 2020 Delivery Reference DVM158673-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114015 Tariff 90181990-00 CoO China	NeoMask Neonatal Phototherapy Mask Model: Type III - Large. Pack of 20.	1	46.00	9.20	55.20
1114016 Tariff 90181990-00 CoO China	NeoMask Neonatal Phototherapy Mask Model: Type III - Medium. Pack of 20.	1	46.00	9.20	55.20
1114017 Tariff 90181990-00 CoO China	NeoMask Neonatal Phototherapy Mask Model: Type III - Small. Pack of 20	1	46.00	9.20	55.20
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877004408		10.00	2.00	12.00

Total Net: 148.00 Total Vat: 29.60 Total: 177.60

Banking details Bank Sort Code

00906662 Account Number IBAN

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

Barclays Bank PLC 20-78-42 GB05BUKB20784200906662 BUKBGB22

Terms: Net 30 days from date of invoice.

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.