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	Purchasing
Contact Tel	01524511910
Account	00000970
Customer Reference	RNNN400283256
Date	29 Aug 2025
Priced In	UK Pounds

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

Invoice RVM158734-1

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

Delivery Reference DVM158734-1 Contact aqib.majeed@viamed.co.uk

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

Total Net:	148.00
Total Vat:	29.60
Total:	177.60

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.