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

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

Supplier Viamed Ltd 15 Station Road Cross Hills

Tracking Number

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 Company Reg No: 01291765 EORI No: GB287389593000

Sharon Skeels Contact Name Contact Tel 01480418769 00004113 Account Customer Reference 233368884 Date 04 Nov 2025

Priced In **UK Pounds**

Invoice RVM159915-1

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

Delivery Reference DVM159915-1 Contact agib.majeed@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:1Z9W96386877481965		0.00	0.00	0.00

Total Net: 141.00 Total Vat: 28.20 Total: 169.20

1Z9W96386877481965

Banking details Bank

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

IBAN

GB05BUKB20784200906662 BIC BUKBGB22
Terms & conditions https://www.viamed.co.uk/terms

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.

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