

Invoice Address  
Southern Health and Social Care Trust  
Shared Services Payment Centre  
PO Box 1048  
Ballymena  
BT42 9BY

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 Michaela Harvey  
Contact Tel 0283833444  
Account 00001291  
Customer Reference CB222799  
Date 09 Dec 2025  
Tracking Number 1Z9W96386878374196  
Priced In UK Pounds

## Invoice RVM160393-1

Delivery Address  
Craigavon Hospital  
Receipt and Distribution Centre  
68 Lurgan Road  
Portadown  
BT63 5QQ

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

Delivery Reference DVM160393-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
4750010 Tariff 9018199000 CoO E.U. PPUPS2	AlcoTrue Mouthpieces - Pack of 25	1	6.75	1.35	8.10
	UPS Courier Delivery - Standard		8.22	1.64	9.86
	23 x 15 x 15 cm				
	0.2 kg				
	AWB:1Z9W96386878374196				

Total Net: 14.97  
Total Vat: 2.99  
Total: 17.96

Banking details  
Bank Barclays Bank PLC  
Sort Code 20-78-42  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKGBB22  
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.