



## Invoice Address

Mid Cheshire Hospitals NHSFT  
Financial Services Department  
Leighton Hospital  
Middlewich Road  
Crewe  
CW1 4QJ

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](mailto:info@viamed.co.uk)  
VAT Reg No: GB287389593  
Company Reg No: 01291765  
EORI No: GB287389593000

Contact Name	Procurement Team
Contact Tel	01270612590
Account	00001310
Customer Reference	000112091
Date	03 Dec 2025
Tracking Number	1Z9W96386878769653
Priced In	UK Pounds

Invoice RVM160464-1

Delivery Address  
Leighton Hospital  
Receipts and Distribution  
Middlewich Road  
Crewe  
CW1 4QJ

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

Delivery Reference DVM160464-1 Contact emily.morton@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	1	16.20	3.24	19.44
PPUPPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878769653	0.00	0.00	0.00	0.00

Total Net: 16.20  
Total Vat: 3.24  
Total: 19.44

### Banking details

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.