



**Invoice Address**  
North Cumbria Integrated Care NHSFT  
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 Team  
Contact Tel 01524 511910  
Account 00000981  
Customer Reference RNNN400298518  
Date 12 Dec 2025  
Tracking Number 1Z9W96386841122553  
Priced In UK Pounds

**Invoice RVM160663-1**

**Delivery Address**  
Cumberland Infirmary  
Receipt and Distribution  
Newtown Road  
Carlisle  
CA2 7HY

CIP Carriage and Insurance Paid To Cumberland Infirmary, UK \* Incoterms(r) 2020

Delivery Reference DVM160663-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114016 Tariff 90181990-00 CoO China	NeoMask Neonatal Phototherapy Mask Model: Type III - Medium. Pack of 20.	1	46.00	9.20	55.20
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841122553	8.00	1.60		9.60
				Total Net:	54.00
				Total Vat:	10.80
				Total:	64.80

**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 full has been received.