



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 01524511910
Account 00000981
Customer Reference RNNN400298573
Date 12 Dec 2025
Tracking Number 1Z9W96386840043793
Priced In UK Pounds

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

Invoice RVM160670-1

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

Delivery Reference DVM160670-1 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.	2	46.00	9.20	110.40
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840043793		10.00	2.00	12.00

Total Net: 102.00
Total Vat: 20.40
Total: 122.40

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.