

Invoice Address  
North Cumbria Integrated Care NHSFT  
Accounts Payable  
Parkhouse Building  
Kingmoor Park Baron Way  
Carlisle  
CA6 4SJ

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

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	RNNN400301626
Date	07 Jan 2026
Tracking Number	1Z9W96386877199664
Priced In	UK Pounds

## Invoice RVM161041-1

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

Delivery Reference DVM161041-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114017 Tariff 90181990-00 CoO China	NeoMask Neonatal Phototherapy Mask Model: Type III - Small. Pack of 20	1	46.00	9.20	55.20
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877199664		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 BUKGB22  
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.