

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: Joel Fowler
 Contact Tel: 01228523444
 Account: 00000980
 Customer Reference: RNNN400309106
 Date: 02 Mar 2026
 Tracking Number: 1Z9W96386841390406
 Priced In: UK Pounds

Invoice RVM161976-1

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

CIP Carriage and Insurance Paid To Viamed North Cumbria University * Incoterms(r) 2020

Delivery Reference DVM161976-1 Contact cathy.green@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1480000 Tariff 9018199000 CoO United Kingdom	V1000 Foetal Heart Simulator Service and Functional Check S/N:PR01225A15 SRS69365 SRN38542	1	65.00	13.00	78.00
1430309 Tariff 9031808000 CoO United Kingdom PPUPS1	V1000 Transducer Interface Cushion SRS69365 SRN38542 UPS Courier Delivery - Standard AWB:1Z9W96386841390406	1	0.00	0.00	0.00
			12.00	2.40	14.40
				Total Net:	77.00
				Total Vat:	15.40
				Total:	92.40

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.