

Invoice Address
Northern Health and Social Care Trust
Antrim Area Hospital
Pharmacy Department
45 Bush Road
Antrim
BT41 2RL
Northern Ireland

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 Roisin Campbell
Contact Tel 02894424763
Account 00000126
Customer Reference HOL/4123745
Date 02 Jun 2026
Tracking Number 1Z9W96386878501637
Priced In UK Pounds

Invoice RVM163881-1

Delivery Address
Northern Health and Social Care Trust
Pharmacy Store Tardree House
Holywell Hospital
60 Steeple Road
Antrim
BT41 2RL
Northern Ireland

CIP Carriage and Insurance Paid To Antrim Area Hospital, UK * Incoterms 2020

Delivery Reference DVM163881-1 Contact sophie.lines@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	14	12.20	2.44	204.96
PPUPS2	UPS Courier Delivery - Standard AWB:1Z9W96386878501637		0.00	0.00	0.00

Total Net: 170.80
Total Vat: 34.16
Total: 204.96

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.