

Invoice Address
 North Cumbria Integrated Care NHS FT
 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: Chloe Banks
 Contact Tel: 01228523444
 Account: 00000970
 Customer Reference: RNNN400324024
 Date: 08 Jun 2026
 Tracking Number: 1Z9W96386842097848
 Priced In: UK Pounds

Invoice RVM163997-1

Delivery Address
 West Cumberland Hospital
 Receipt and Distribution
 Homewood Road
 Whitehaven
 CA28 8JG

CIP Carriage and Insurance Paid To West Cumberland Hospital, UK * Incoterms 2020

Delivery Reference DVM163997-1 Contact aqib.majeed@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	47.80	9.56	114.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842097848		10.00	2.00	12.00

Total Net: 105.60
 Total Vat: 21.12
 Total: 126.72

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.