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	02894 424763
Account	00000126
Customer Reference	HOL/4305843
Date	15 Jul 2026
Tracking Number	1Z9W96386876139168
Priced In	UK Pounds

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

Invoice RVM164688-1

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

Delivery Reference DVM164688-1 Contact emily.morton@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	18	12.20	2.44	263.52
PPUPS2	UPS Courier Delivery - Standard 32x24x24cm 1.4kg AWB:1Z9W96386876139168		0.00	0.00	0.00

Total Net:	219.60
Total Vat:	43.92
Total:	263.52

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.