Invoice Address
Antrim Area Hospital
Pharmacy Dept
45 Bush Road
Antrim
BT41 2RL

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	02894424277
Account	00000128
Customer Reference	HOL/4485105
Date	26 Aug 2026
Tracking Number	1Z9W96386876872544
Priced In	UK Pounds

Delivery Address
Northern Health and Social Care Trust
Pharmacy Store Tadree House
Holywell Hospital
60 Steeple Road
Antrim
BT41 2RJ

Invoice RVM165479-1

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

Delivery Reference DVM165479-1 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	17	12.20	2.44	248.88
PPUPS2	UPS Courier Delivery - Standard AWB:1Z9W96386876872544		0.00	0.00	0.00

Total Net:	207.40
Total Vat:	41.48
Total:	248.88

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.