EAST ANGLIAN AIR AMBULANCE

| ipplier details: | | Deliver to: | | lnv | Invoice to: | | | |
|------------------|----------------------------------|---|----------------------------|----------------|-------------------------------|-------------------------------|--------------|--|
| Viamed | | | East Anglian Air Ambulance | | | Purchase Ledger (purchase@eaa | | |
| Viameu | | Marshall's Air | Marshall's Airport | | | n Air Ambulance | caaa.org.unj | |
| | | Newmarket Road Cambridge Cambridgeshire | | | Bristow Heli | All Allibulance | | |
| | | | | | Norwich Airport Amsterdam Way | | | |
| | | | | | | | | |
| | | Cambridgesh | ire | | | vvay | | |
| | | CB5 8RX Telephone: 01603 269329 | | | NR6 6JA | 08450 669 999 | | |
| | | Telephone: | 01603 | 269329 | Telephone: | 08450 66 | 9 999 | |
| Ordered by: | | Order date: | 24-Feb-21 | Required date: | ASAP | Order limit: | | |
| Quantity | Description / Part | number | | | | Unit £ | Total | |
| 2 | SC7500VM Viamed Sp02 Soft Sensor | | | | | 180.00 | 360. | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | pplicable: | | |

Finance / med consumables.

Sign here Ordered by:

Approved by:

Approvers limit;

Sign here

Registered Office: Hangar E, Gambling Close, Norwich, Norfolk NR6 6EG Registered in England and Wales, Company No. 4066700

PURCHASE FOR *DONATION* TO AN ELIGIBLE BODY OF MEDICAL, SCIENTIFIC ETC. EQUIPMENT

PART 1 - to be completed by the purchaser

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|---|-------------------|
| [tick boxes as appropria | te] |
| I MATHEW A. L. JONES (full nar DINELIOR UF OPERATIONS (status in organisation GADT ANOLIAN AIR AMBULANCE (name and address HANGING E. GAMBUNG CLOVE, NORMCHorganisatide clare that I ain/the above named organisation is buying from: VIUM I (name and address) | on) s of on) s of |
| suppl | ier) |
| with funds provided entirely by a charity or from voluntary contributions. | |
| the followings SOFT RNOV SPOR (description of goo | ds) |
| | |
| which I believe are medical equipment scientific equipment computer equipment video equipment | |
| parts or accessories of the equipment indicated above | |
| for donation to: EAST OF ENGLAND (name and addr NMS AMBURME TRUST of recipie HOSPITAL LATNE HELLESDON NORMICH NORFOLK, NRW SNA | ent) |
| which is: | / |
| a Health Authority or Special Health Authority in England or Wales a Health Board in Scotland a Health and Social Services Board in Northern Ireland a hospital whose activities are not carried on for profit a research institution whose activities are not carried on for profit a charitable institution providing care or medical or surgical treatment | |
| for handicapped persons the Common Services Agency for the Scottish Health Service | |

| the Northern Ireland Central Services Agency for Health & Social Services | | | | | | | | |
|--|-------|--|--|--|--|--|--|--|
| the Isle of Man Health Services Board a charitable institution providing rescue or first-aid services a National Health Service trust established under Part I of the National Health Service and Community Care Act 1990 or the National Health Service (Scotland) Act 1978 | | | | | | | | |
| For use in: medical research medical training medical diagnosis medical treatment veterinary research veterinary training veterinary diagnosis veterinary treatment | | | | | | | | |
| I have read the guidance in the Customs and Excise VAT Notice 701/apply for zero-rating of the supply under Group 15, items 4 or 6 of the rate Schedule to the VAT Act 1994. | zero- | | | | | | | |
| Lather AICles (signature and | | | | | | | | |
| ********** The production of this certificate does not authorise the zero-rating supply. It is the suppliers responsibility to ensure that the goods supare eligible before zero-rating them. *********************************** | | | | | | | | |
| PART 2 - for use by the supplier | | | | | | | | |
| I have read the guidance in Customs and Excise VAT Notice 701/6 and that the goods supplied come within the category indicated above (or within the alternative eligible category of | come | | | | | | | |
| equipment). | | | | | | | | |
| (signature and | date) | | | | | | | |
| Notes (eg any steps taken to verify the declared particulars) | | | | | | | | |