

EAST ANGLIAN AIR AMBULANCE

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| Purchase Order Number: SH07042022VIAM |
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|--------------------------|--|----------------------------|--|--|--|
| Supplier details: | | Deliver to: | | Invoice to: | |
| Viamed | | East Anglian Air Ambulance | | Purchase Ledger (purchase@eaaa.org.uk) | |
| | | Helimed House | | East Anglian Air Ambulance | |
| | | Gambling Close | | Helimed House | |
| | | Hangar 14 | | Hangar 14, Gambling Close | |
| | | Norwich, Norfolk | | Norwich, Norfolk | |
| | | NR6 6EG | | NR6 6EG | |
| | | Telephone: | | Telephone: 08450 669 999 | |

| | | | | | | | |
|-------------|--|-------------|-----------|----------------|------|--------------|--|
| Ordered by: | | Order date: | 07-Apr-22 | Required date: | ASAP | Order limit: | |
|-------------|--|-------------|-----------|----------------|------|--------------|--|

[illegible]

| | |
|---|----------|
| Overall order total, plus VAT where applicable: | £ 240.00 |
|---|----------|

| |
|----------------------------|
| Additional notes: |
| 6820 - Medical Consumables |

Sarah Hayes

Sarah Hayes

Ordered by: Sarah Hayes

Approved by: Sarah Hayes

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

Approvers limit; £500

Certificate G

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

PART 1 - to be completed by the purchaser

[tick boxes ☒ as appropriate]

I MATTHEW A. L. JONES.....(full name)
DIRECTOR OF OPERATIONS.....(status in organisation)
 of EAST ANGLIAN AIR AMBULANCE (name and address of
HANGAR E GAMBLING CLOSE NORWICH.....organisation)

declare that I am/the above named organisation is buying from:

Viamed.....(name and address of
 supplier)

with funds provided entirely by a charity or from voluntary contributions.

the following:

Viamed Adaptors.....(description of goods)

| | | | |
|---------------------------------------|-------------------------------------|-------------------------|--------------------------|
| which I believe are medical equipment | <input checked="" type="checkbox"/> | sterilising equipment | <input type="checkbox"/> |
| scientific equipment | <input type="checkbox"/> | laboratory equipment | <input type="checkbox"/> |
| computer equipment | <input type="checkbox"/> | refrigeration equipment | <input type="checkbox"/> |
| video equipment | <input type="checkbox"/> | | |

parts or accessories of the equipment indicated above ☐

for donation to: EAST OF ENGLAND.....(name and address
NHS AMBULANCE TRUST.....of recipient)
HOSPITAL LANE HELLES DON NORWICH
NORFOLK NR6 5NA.....

which is:

| | |
|---|-------------------------------------|
| a Health Authority or Special Health Authority in England or Wales | <input checked="" type="checkbox"/> |
| a Health Board in Scotland | <input type="checkbox"/> |
| a Health and Social Services Board in Northern Ireland | <input type="checkbox"/> |
| a hospital whose activities are not carried on for profit | <input type="checkbox"/> |
| a research institution whose activities are not carried on for profit | <input type="checkbox"/> |
| a charitable institution providing care or medical or surgical treatment for handicapped persons | <input type="checkbox"/> |
| the Common Services Agency for the Scottish Health Service | <input type="checkbox"/> |

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 | <input type="checkbox"/> | veterinary research | <input type="checkbox"/> |
| | medical training | <input type="checkbox"/> | veterinary training | <input type="checkbox"/> |
| | medical diagnosis | <input type="checkbox"/> | veterinary diagnosis | <input type="checkbox"/> |
| | medical treatment | <input checked="" type="checkbox"/> | veterinary treatment | <input type="checkbox"/> |

I have read the guidance in the Customs and Excise VAT Notice 701/6 and apply for zero-rating of the supply under Group 15, items 4 or 6 of the zero-rate Schedule to the VAT Act 1994.

 07/04/2022
(signature and date)

The production of this certificate does not authorise the zero-rating of the supply. It is the suppliers responsibility to ensure that the goods supplied are 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 agree that the goods supplied come within the category indicated above (or come within the alternative eligible category of
equipment).

.....(signature and date)

Notes (eg any steps taken to verify the declared particulars)

