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Viamed Ltd



| | | | |
|-----------------------------------|---------------------------------------|--------------------|---------------|
| Delivery Address | Invoice Address | Contact Name | : Linda Eadie |
| | | Contact Tel | : 01617202347 |
| North Manchester General Hospital | Manchester University NHSFT | Account | 00003580 |
| EBME Department | Accounts Payable - Central Invoices | Customer Reference | 000408918 |
| Delaunays Road | Finance And Procurement Business Unit | Date | 31 Oct 2023 |
| Crumpsall | Trafford General Hospital | Priority | : 3 |
| Manchester | Davyhulme | Due Date | : 31 Oct 2023 |
| M8 5RB | M41 5SL | Priced In | : UK Pounds |

Order Confirmation CVM146397

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CIP Carriage and Insurance Paid To North Manchester Hospital, UK * Incoterms(R) 2020

Your Viamed Contact for this Order Confirmation : kate.griffiths@viamed.co.uk

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|----------------|---|----------|--------|----------|--------|
| 0111277 | Envitec MySign O Oxygen Monitor Kit Including standard accessories: OOM111 oxygen sensor USB cable T-adapter Flow diverter plus 0121352 mains power supply and adapters (UK/EU/USA) | 1 | 394.85 | 78.97 | 473.82 |
| PPUPS1 | UPS Courier Delivery - Standard | 1 | 12.00 | 2.40 | 14.40 |

| | |
|------------|--------|
| Total Net: | 406.85 |
| Total Vat: | 81.37 |
| Total: | 488.22 |

Banking details
 Bank BIC
 Sort Code Barclays Bank PLC
 Account Number 20-78-42
 IBAN 00906662
 BIC GB05BUKB20784200906662
 Terms and conditions BUKBGB22
<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.