

Viamed Ltd  
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# Viamed Ltd



## Delivery Address

University Hospital Lewisham  
 Main Stores Goods Inwards  
 High Street  
 Lewisham  
 SE13 6LH

## Invoice Address

Lewisham And Greenwich NHS Trust  
 RJ2 Payables 4715  
 PO BOX 312  
 Leeds  
 LS11 1HP

Contact Name : Chris Graham  
 Contact Tel : 02083333000

Account : 00003000  
 Customer Reference : 99422585  
 Date : 08 Nov 2023  
 Priority : 3  
 Due Date : 08 Nov 2023  
 Priced In : UK Pounds

## Order Confirmation CVM146586

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CIP Carriage and Insurance Paid To University Hosp Lewisham, UK \* Incoterms(R) 2020

Your Viamed Contact for this Order Confirmation : janine.gill@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
2810011	MD300-C2 OLED Finger Pulse Oximeter	2	24.50	4.90	58.80
PPUPS1	UPS Courier Delivery - Standard	1	0.00	0.00	0.00

Total Net: 49.00  
 Total Vat: 9.80  
 Total: 58.80

Banking details  
 Bank BIC  
 Sort Code 20-78-42  
 Account Number 00906662  
 IBAN GB05BUKB20784200906662  
 BIC BUKGBB22  
 Terms and 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.