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Viamed Ltd

**Delivery Address**

Christchurch Hospital
XCH Goods Inwards (C)
Fairmile Road
Christchurch
BH23 2JX

Invoice Address

University Hospitals Dorset NHSFT (C)
ELFS Shared Services
PO Box 4418, Unit 2
Swindon
SN4 4RW

Contact Name : Supplies
Contact Tel : 03000194884

Account : 00006046
Customer Reference : C516418
Date : 10 Nov 2023
Priority : 3
Due Date : 10 Nov 2023
Priced In : UK Pounds

Order Confirmation CVM146625

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

Your Viamed Contact for this Order Confirmation : aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
2810055	A5 OLED Finger Pulse Oximeter	3	20.70	4.14	74.52
PPUPS1	UPS Courier Delivery - Standard	1	0.00	0.00	0.00

Total Net: 62.10
Total Vat: 12.42
Total: 74.52

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.