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Viamed Ltd



Delivery Address

East of England Ambulance NHS Trust
 Upper Lane
 Hudnall Lane
 Little Gaddesden
 HP4 1QQ

Invoice Address

East Of England Ambulance NHS Trust
 Norwich Office
 Hospital Lane
 Hellesdon
 Norwich
 NR6 5NA

Contact Name Contact Tel

: Sarah Gall
 : 01603422765

Account

00008009

Customer Reference

CHAR23/0176

Date

02 Nov 2023

Priority

: 3

Valid until

: 03 Dec 2023

Priced In

: UK Pounds

Proforma Invoice MVM146457

Page 1

CIP Carriage and Insurance Paid To East Of England Ambulance Serv * Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice : kate.griffiths@viamed.co.uk

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|----------------|-------------------------------------|----------|-------|----------|-------|
| 2810049 | MD300-C19 LED Finger Pulse Oximeter | 4 | 14.59 | | 58.36 |
| PPUPS1 | UPS Courier Delivery - Standard | 1 | 0.00 | | 0.00 |

Total Net: 58.36
 Total Vat: 0.00
 Total: 58.36

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>

Full proforma amount to be credited to our account net of all bank charges.
 Claims: Please claim non delivery within 14 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.
 Proforma Valid for 30 days only.
 Viamed Ltd reserves the right to add an administration
 fee to the Proforma if multiple changes are requested.