

Viamed Ltd
 15 Station Road
 Cross Hills
 Keighley, West Yorkshire
 BD20 7DT, United Kingdom
 Tel: +44 (0) 1535 634542
 Fax: +44 (0) 1535 635582
 Email: info@viamed.co.uk
 VAT Reg No: GB287389593
 Company Reg No: 01291765
 Eori No: GB287389593000

Viamed Ltd



Delivery Address

Alan Rudd
 13 Longrigg Road
 Ditchingham
 Bungay
 NR35 2QG

Invoice Address

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

Contact Name Contact Tel

: Lily Watkins
 : 01603422765

Account 00008009
 Customer Reference CHAR23/0201
 Date 29 Nov 2023
 Priority : 3
 Valid until : 30 Dec 2023
 Priced In : UK Pounds

Proforma Invoice MVM146957

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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	3	14.59		43.77
PPUPS1	UPS Courier Delivery - Standard	1	0.00		0.00

Total Net: 43.77
 Total Vat: 0.00
 Total: 43.77

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.