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Viamed Ltd



Delivery Address

SUCH -Servico de Utilizacao
Comum Dos Hosp Armazem Lisboa
Parque De Saude De Lisboa
53 Av. Brasil Pavilhao 33-A
Lisbon
1749-003
Portugal

Invoice Address

SUCH - Servico De Utilizacao
Comum Dos Hospitais
Avenida Do Brasil
53 Pavilhao 33A
Lisbon
1749-003
Portugal
VAT PT500900469

Contact Name Contact Tel

: Maria Joao Pereira
: 00351239798685

Account

00007138

Customer Reference

NE2024/33847 de 27/06/2024

Date

28 Jun 2024

Priority

3

Valid until

: 26 Jul 2024

Priced In

Euros

Proforma Invoice MVM150752

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CIP Carriage and Insurance Paid To SUCH Hospitais, Portugal * Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice : aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0212011 Tariff 90181990-00 CoO E.U.	Temperature Probe Oesophageal/Rectal - Adult 6.35mm (1/4 inch) jack (mono) Diameter: 4 mm Model Ref: 2011	1	38.50		38.50
INS	Insurance	1	11.50		11.50
PPUPS6	UPS Courier Delivery - Standard 23 x 15 x 12cm 0.3kg	1	16.25		16.25

Total Net: 66.25
Total Vat: 0.00
Total: 66.25

Banking details
Bank BIC
Sort Code Barclays Bank
Account Number 20-78-42
IBAN 87399700
BIC GB33BUKB20784287399700
Terms and conditions <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.