Viamed Ltd 15 Station Road Cross Hills Keighley, West Yorkshire BD20 7DT, United Kingdom Tel: +44 (0) 1535 634542 Fax: +44 (0) 1535 635582

Viamed Ltd



Email: info@viamed.co.uk VAT Reg No: GB287389593 Company Reg No: 01291765 Eori No: GB287389593000

Delivery Address

Dstl Porton Down Ms Callie Wilson Bldg 390 Salisbury SP4 0JQ Invoice Address

Dstl Porton Down Bldg 30 Salisbury SP4 0JQ Contact Name Contact Tel : Nicholas Davey : 01980955858

Account
Customer Reference
Date

CID28395 25102484KG 29 Oct 2024

Priority 3

Valid until : 28 Nov 2024 Priced In UK Pounds

## Proforma Invoice MVM153012

Page 1

CIP Carriage and Insurance Paid To DSTL Porton Down, UK \* Incoterms(R) 2020

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

Item Reference Description Quantity Unit Vat Total 0111277 Envitec MySign O Oxygen Monitor Kit 78.97 7,107.30 15 394.85 Including standard accessories: 1 x 0110560 OOM111 sensor 1 x Coiled sensor cable (0.5m, extendable) 1 x 15mm O.D. sensor flow divertor. 1 x `T` Adapter (22mm I.D. - 22mm O.D., T = 15mm I.D.). 1 x USB data cable. 1 x Li-ion battery. 1 x PC software. 1 x Instruction manual on CD. Plus 0121352 mains power supply and adapters (UK/EU/USA)

Total Net: 5,934.75
Total Vat: 1,186.95

2.40

Total: 7,121.70

14.40

Banking details Bank Sort Code

PPUPS1

Sort Code 20-78-42 Account Number 00906662 IBAN GB05BUK

BIC Barclays Bank PLC 20-78-42 00906662

IBAN GB05BUKB20784200906662
BIC BUKBGB22
Terms and conditions https://www.viamed.co.uk/terms

**UPS Courier Delivery - Standard** 

Proforma Valid for 30 days only.

Viamed Ltd reserves the right to add an administration

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.

12.00

1

Title to goods does not pass until payment in full has been received.

fee to the Proforma if multiple changes are requested.