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Viamed Ltd



Delivery Address

SUCH - Servico de Utilizacao
Comum Dos Hosp Armazem Lisboa
Parque De Saude De Lisboa
Av. Brasil 53 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 14735
Date 08 Apr 2025
Priority 3
Valid until : 08 May 2025
Priced In Euros

Proforma Invoice MVM156038

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

Your Viamed Contact for this Proforma Invoice : sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110057 Tariff 9019209000 CoO United States	Teledyne Oxygen Sensor T-7	8	64.50		516.00
INS	Insurance	1	11.50		11.50
PPUPS6	UPS Courier Delivery - Standard	1	16.68		16.68
	32 x 24 x 16 cm 0.8 kg				

Total Net: 544.18
Total Vat: 0.00
Total: 544.18

Banking details
Bank BIC
Sort Code Barclays Bank
Account Number 20-78-42
IBAN 87399700
BIC GB33BUKB20784287399700
Terms and conditions BUKGB22
<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.