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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Kosal San
		Contact Tel	: 089806388
Angkor Hospital for Children Phreah Sangreach Tep Vong Rd And Umchhay St Mondal 2 PO Box 50 Sangkat Svay Dangkum Siem Reap 171202 Cambodia	Angkor Hospital For Children Phreah Sangreach Tep Vong Rd And Umchhay St Mondal 2 PO Box 50 Sangkat Svay Dangkum Siem Reap 171202 Cambodia	Account	00006271
		Customer Reference	PO1-2026-02-0126
		Date	13 Feb 2026
		Priority	2
		Valid until	13 Mar 2026
		Priced In	US Dollars
			Page 1

Proforma Invoice MVM161586

EXW Ex Works Viamed, UK * Incoterms(R) 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110444 Tariff 9019209000 CoO United States	Maxtec Oxygen Sensor MAX-13-250	2	113.00	0.00	226.00
0110429 Tariff 9019209000 CoO United States	Maxtec Oxygen Sensor MAX-250E	1	70.80	0.00	70.80
EXW	Delivery: EXW - Viamed, UK (Incoterms 2020) Consigned to:	1	0.00	0.00	0.00

Total Net:	296.80
Total Vat:	0.00
Total:	296.80

Banking details BIC
 Bank Barclays Bank
 Sort Code 20-78-42
 Account Number 89771244
 IBAN GB82BUKB20784289771244
 BIC BUKGB22
 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.