

Invoice Address
Manchester University NHSFT
Accounts Payable - Central Invoices
Finance and Procurement Business Unit
Trafford General Hospital
Davyhulme
M41 5SL

Delivery Address
North Manchester General Hospital
EBME Department
Delaunays Road
Crumpsall
Manchester
M8 5RB

Supplier
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



Contact Name Amanda Grogan
Contact Tel 01617202347
Account 00003580
Customer Reference 000407682
Date 27 Oct 2023
Tracking Number 1Z9W96386841767787
Priced In UK Pounds

Invoice RVM146276-1

CIP Carriage and Insurance Paid To North Manchester Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM146276-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1410000 Tariff 90318080-00 CoO U.K.	Foetal Heart Simulator V1000 S/N:PR03560A14	1	659.00	131.80	790.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841767787		12.00	2.40	14.40

Total Net: 671.00
Total Vat: 134.20
Total: 805.20

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGBB22
Terms & conditions <https://www.viamed.co.uk/terms>

Terms: Net 30 days from date of invoice.
Full invoice amount to be credited to our account net of all bank charges.
Claims: Please claim non delivery within 7 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.