Invoice Address The Christie NHSFT Finance Department Wilmslow Road Withington Manchester M20 4BX

Delivery Address The Christie NHSFT Receipt and Distribution Wilmslow Road Withington Manchester M20 4BX

Supplier Viamed Ltd 15 Station Road Cross Hills 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

Company Reg No: 01291765 EORI No: GB287389593000

Zoe Morrissey Contact Name 01614468527 Contact Tel 00003540 Account 000902698 **Customer Reference** Date 01 Mar 2024

Tracking Number 1Z9W96386841990259

Priced In **UK Pounds**

Invoice RVM146862-1

CIP Carriage and Insurance Paid To The Christie Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM146862-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
2510005 Tariff 90181990-00 CoO United Kingdom	Microstim DB3 Tester	1	60.00	12.00	72.00
3	S/N:VT01152				
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841990259		8.00	1.60	9.60

Total Net: 68.00 Total Vat: 13.60 Total: 81.60

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

IBAN GB05BUKB20784200906662 BIC BUKBGB22
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.

