

Invoice Address
Nottingham University Hospital
Accounts Payable Section
City Hospital Campus
Hucknall Road
Nottingham
NG5 1PB

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
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Fax: +44 (0) 1535 635582
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Company Reg No: 01291765
EORI No: GB287389593000



Contact Name David Beales
Contact Tel 01159691169
Account 00003930
Customer Reference 200028261
Date 18 Jan 2024
Tracking Number 1Z9W96386842765134
Priced In UK Pounds

Invoice RVM147333-1

Delivery Address
Nottingham University Hospital
City Distribution Hub, Service
Road 1, City Hospital Campus
Hucknall Road
Nottingham
NG5 1PB

CIP Carriage and Insurance Paid To Nottingham Uni Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM147333-1 Contact janine.gill@viamed.co.uk

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|--|--|----------|--------|----------|--------|
| 0140050 Tariff 90181990-00 | Oxygen Analyser/Monitor Evaluation S/N:DD47799014, SRS68644, SRN36159 Unable to repair | 1 | 0.00 | 0.00 | 0.00 |
| 0111260 Tariff 90181990-00 CoO United States | Maxtec MaxO2+A Oxygen analyser with internal sensor Ref. R217P62 S/N:HE96399020 SRS68644 SRN36159 Replacement Unit | 1 | 372.00 | 74.40 | 446.40 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386842765134 | | 12.00 | 2.40 | 14.40 |

Total Net: 384.00
Total Vat: 76.80
Total: 460.80

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.