

Invoice Address  
Northern Care Alliance NHS FT  
C/O ELFS Shared Services  
PO Box 4418, Unit 2  
Swindon  
SN4 4RW

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 Ann Clark  
Contact Tel 01616278677  
Account 00003960  
Customer Reference RR302528  
Date 16 Apr 2024  
Tracking Number 1Z9W96386876718425  
Priced In UK Pounds

## Invoice RVM147967-1

Delivery Address  
Royal Oldham Hospital  
EBME Department CH/Keddie  
Rochdale Road  
Oldham  
OL1 2JH

CIP Carriage and Insurance Paid To Royal Oldham Hospital, UK \* Incoterms(r) 2020

Delivery Reference DVM147967-1 Contact sophie.lines@viamed.co.uk

| Item Reference                            | Description   | Quantity | Unit   | Unit Vat | Total  |
|---|---|----------|--------|----------|--------|
| 1410000<br>Tariff 90318080-00<br>CoO U.K. | Foetal Heart Simulator V1000<br><br>S/N:PR03486A17        | 1        | 659.00 | 131.80   | 790.80 |
| PPUPS1                                    | UPS Courier Delivery - Standard<br>AWB:1Z9W96386876718425 |          | 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.