**Invoice Address** Barts Health NHS Trust Treasury and Payments Dept 8th Floor 20 Churchill Place London E14 5HJ

Delivery Address St Bartholomews Hospital KGV\_01\_062 Perfusion Main Store c/o FM Yard Little Britain West Smithfield EC1A 7BE

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

Tracking Number

**Derek Wiggins** Contact Name 02074804622 Contact Tel 00003204 Account 40974201 **Customer Reference** Date 06 Feb 2024

Priced In **UK Pounds** 

Invoice RVM148107-1

CIP Carriage and Insurance Paid To St Bartholomews Hosp, UK \* Incoterms(r) 2020

## Delivery Reference DVM148107-1 Contact sophie.lines@viamed.co.uk

| Item Reference                                    | Description  | Quantity | Unit   | Unit Vat | Total  |
|---|--|----------|--------|----------|--------|
| 0110452<br>Tariff 9019209000<br>CoO United States | Maxtec Oxygen Sensor MAX-550E with standard flow diverter                              | 5        | 103.90 | 20.78    | 623.40 |
| PPUPS1  | S/N:JF95399080-JF95399084<br>UPS Courier Delivery - Standard<br>AWB:1Z9W96386876477909 |          | 0.00   | 0.00     | 0.00   |

Total Net: 519.50 Total Vat: 103.90 Total: 623.40

1Z9W96386876477909

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.

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.

