

Invoice Address  
NHS Highland  
Finance Department  
Assynt House  
Beechwood Park  
Inverness  
IV2 3BW

Delivery Address  
Raigmore Hospital  
Electromedical Equipment Services  
TP 2255 Medical Physics  
Old Perth Road  
Inverness  
IV2 3UJ

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 Colin Mason  
Contact Tel 01463704276  
Account 00002310  
Customer Reference HA13843557  
Date 23 Apr 2024  
Tracking Number 1Z9W96386876450062  
Priced In UK Pounds

## Invoice RVM148186-1

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

Delivery Reference DVM148186-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0330415	MaxVenturi Leak Test Kit Ref. R211P32	1	15.00	3.00	18.00
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876450062		8.00	1.60	9.60

Total Net: 23.00  
Total Vat: 4.60  
Total: 27.60

Banking details  
Bank Barclays Bank PLC  
Sort Code 20-78-42  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKGB22  
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.