Invoice Address Torbay and South Devon NHSFT **Payments Section** Regent House Regent Close Torquay TQ2 7AN

Delivery Address Torbay Hospital Medical Electronics Department Medical Devices Support Services Lawes Bridge Torquay TQ2 7AA

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
EORI No: GB287389593000

Rachel Rock Contact Name Contact Tel 01803654751 00005130 Account Customer Reference 01414 Date 25 Mar 2024

Tracking Number 1Z9W96386841169709

Priced In **UK Pounds**

Invoice RVM148546-1

CIP Carriage and Insurance Paid To Torbay NHST, UK * Incoterms(r) 2020

Delivery Reference DVM148546-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1480000 Tariff 9018199000 CoO United Kingdom	V1000 Foetal Heart Simulator Service and Functional Check	1	60.00	12.00	72.00
	S/N: PR065A10, SRS68708, SRN36285				
1430309 Tariff 9031808000 CoO United Kingdom	V1000 Transducer Interface Cushion. SRS68708, SRN36285	1	0.00	0.00	0.00
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841169709		12.00	2.40	14.40

Total Net: 72.00 Total Vat: 14.40 Total: 86.40

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.

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