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

Delivery Address Nottingham University Hospital Paediatric Intensive Čare Unit Queens Medical Centre Derby Road Nottingham NG7 2UH

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

Contact Name Sarah Harley 01159249924 Contact Tel 00003930 Account Customer Reference 26032438CH Date 26 Mar 2024

Tracking Number N/A

Priced In **UK Pounds**

Invoice RVM149029-1

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

Delivery Reference DVM149029-1 Contact catrin.hollings@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
3830000 Tariff 9018199000	Removable I.D. Bracelet Newborn Single Unit	1	0.00	0.00	0.00
PPRM2C	Royal Mail - 2nd Class		0.00	0.00	0.00

Total Net: 0.00 Total Vat: 0.00 Total: 0.00

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.