

Invoice Address
 Worcestershire Acute Hospital NHST
 RWP Payables 6485
 Po Box 312
 Leeds
 LS11 1HP

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 Nicola Jones
 Contact Tel 01527502822
 Account 00004295
 Customer Reference 305573445
 Date 09 Apr 2024
 Tracking Number 1Z9W96386840906619
 Priced In UK Pounds

Invoice RVM149100-1

Delivery Address
 Kidderminster Hospital
 Receipts and Distribution
 Franchise Street
 Kidderminster
 DY11 6RJ

CIP Carriage and Insurance Paid To Alexandra Hospital, Redditch * Incoterms(r) 2020

Delivery Reference DVM149100-1 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: PR02913A10, SRS68741, SRN36340				
1430309 Tariff 9031808000 CoO United Kingdom	V1000 Transducer Interface Cushion SRS68741, SRN36340	1	0.00	0.00	0.00
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840906619		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
 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.