Invoice Address SWBH BU Sandwell and W.Birmingham Hosp NHST GF Office 5, Trinity House Lyndon West Bromwich B71 4HJ

Delivery Address City Hospital Receipts and Distribution Dudley Road Birmingham B18 7QH

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 Patricia Higgins Contact Name Contact Tel 01215074070 00000480 Account SWBH145153 **Customer Reference** Date 03 Apr 2024

Tracking Number 1Z9W96386877082146

Priced In **UK Pounds**

Invoice RVM149126-1

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

Delivery Reference DVM149126-1 Contact janine.gill@viamed.co.uk

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|--|---|----------|--------|----------|--------|
| 0021014 Tariff 90181990-00 CoO United States | Posey Sensor Wraps Model 6554 case of 48 boxes | 1 | 496.50 | 99.30 | 595.80 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386877082146 | | 0.00 | 0.00 | 0.00 |

Total Net: 496.50 Total Vat: 99.30

Total: 595.80

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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