Invoice Address South Western Ambulance Service RYF Payables 6555 PO Box 312 Leeds **LS11 1HP**

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 Contact Tel Account Customer Reference

Hannah Cann 01392261500 00012543 151252060 09 May 2024

Date Tracking Number

1Z9W96386878611689

Priced In

UK Pounds

Delivery Address SWASFT Community Responders Unit 13 - 15 Kestrel Business Park Sowton Industrial Estate Exeter EX27LA

Invoice RVM149815-1

CIP Carriage and Insurance Paid To South Western Ambulance, UK * Incoterms(r) 2020

Delivery Reference DVM149815-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
4420813 Tariff 9018199000 CoO Germany	VersaStream Viamed CO2 Sampling Line Oral/Nasal, Adult, Short-term Box of 25	1	200.00	40.00	240.00
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878611689		12.00	2.40	14.40

Total Net: 212.00 Total Vat: 42.40 Total: 254.40

Banking details

Barclays Bank PLC Bank 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.

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.

Page 1