**Invoice Address** UHSUSSEX NHS TRUST **Brighton General Hospital** Creditors Payments Level A4 Elm Grove **Brighton** 

BN2 3EW

Delivery Address Worthing Hospital Main Stores Worthing BN11 2DH

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

Ildiko Kuderna Contact Name 01903205111 Contact Tel 00004621 Account Customer Reference 3211058 Date 23 May 2024

1Z9W96386840693019 Tracking Number

Priced In **UK Pounds** 

## Invoice RVM149907-1

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

## Delivery Reference DVM149907-1 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: PR0773A29, SRN36415, SRS68773				
1430309 Tariff 9031808000 CoO United Kingdom	V1000 Transducer Interface Cushion SRS68773, SRN36415	1	0.00	0.00	0.00
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840693019		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.