**Invoice Address** Lewisham and Greenwich NHS Trust RJ2 Payables 4715 **PO BOX 312** Leeds **LS11 1HP** 

Supplier Viamed Ltd 15 Station Road Cross Hills Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
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Chris Graham Contact Name 02083333000 Contact Tel 00003000 Account Customer Reference 99448652 Date 01 Jul 2024

Tracking Number 1Z9W96386840005459

Priced In **UK Pounds** 

Delivery Address University Hospital Lewisham EBME C Block High Street Lewisham **SE13 6LH** 

## Invoice RVM150152-1

CIP Carriage and Insurance Paid To University Hosp Lewisham, UK \* Incoterms(r) 2020

## Delivery Reference DVM150152-1 Contact agib.majeed@viamed.co.uk

| Item Reference                | Description                                     | Quantity | Unit  | Unit Vat | Total  |
|-------------------------------|---|----------|-------|----------|--------|
| 0014062<br>Tariff 90181990-00 | Nellcor DOC-10 SpO2 sensor/extension            | 10       | 78.75 | 15.75    | 945.00 |
|                               | S/N:A2462E1018-A2462E1020,A2463F1001-A2463F1007 |          |       |          |        |
| PPUPS1                        | UPS Courier Delivery - Standard                 |          | 12.00 | 2.40     | 14.40  |
|                               | AWB:1Z9W96386840005459                          |          |       |          |        |

**Total Net:** 799.50 Total Vat: 159.90

Total: 959.40

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.