**Invoice Address** Manchester University NHSFT Accounts Payable - Central Invoices Finance and Procurement Business Unit Trafford General Hospital Davyhulme M41 5SL

AWB:1Z9W96386841015679

**Delivery Address** North Manchester General Hospital **EBME** Department Delaunavs Road Crumpsall Manchester

M8 5RB

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

Tracking Number

Robin John Contact Name 01617954567 Contact Tel 00003580 Account **Customer Reference** 000448621 Date 30 May 2024

Priced In **UK Pounds** 

Invoice RVM150252-1

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110072 Tariff 9019209000 CoO Germany	Viamed Oxygen Sensor R-22Vi - Pack of 2 S/N:V108060/V108061,V108062/V108063, V108064/V108065,V108066/V108067	4	72.00	14.40	345.60
PPUPS1	UPS Courier Delivery - Standard		0.00	0.00	0.00

Delivery Reference DVM150252-1 Contact sophie.lines@viamed.co.uk

Total Net: 288.00 Total Vat: 57.60 Total: 345.60

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Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

IBAN GB05BUKB20784200906662 **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.

