Invoice Address
University Hospitals Plymouth NHST
RK9 Payables 6355
PO Box 312
Leeds
LS11 1HP

Supplier
Viamed Ltd
15 Station Road
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

Contact Name	Natasha Duke
Contact Tel	01752433595
Account	00004127
Customer Reference	46903204
Date	04 Jul 2024
Tracking Number	1Z9W96386841715707
Priced In	UK Pounds

Delivery Address
Derriford Hospital
Med Equip Management Service
Level 4
Plymouth
PL6 8DH

Invoice RVM150552-1

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

Delivery Reference DVM150552-1 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 S/N: PR02673A14, SRS68784, SRN36493	1	60.00	12.00	72.00
1430309 Tariff 9031808000 CoO United Kingdom	V1000 Transducer Interface Cushion SRS68784, SRN36493	1	0.00	0.00	0.00
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841715707		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
Account Number	00906662
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.