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 Sak
Contact Tel	01752202082
Account	00004127
Customer Reference	46902339
Date	21 Jun 2024
Tracking Number	1Z9W96386840524139
Priced In	UK Pounds

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

Invoice RVM150663-1

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

Delivery Reference DVM150663-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1410000 Tariff 90318080-00 CoO U.K.	Foetal Heart Simulator V1000 S/N:PR03605A13	1	659.00	131.80	790.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840524139		12.00	2.40	14.40

Total Net:	671.00
Total Vat:	134.20
Total:	805.20

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.