**Invoice Address SWBH BU** Sandwell and W.Birmingham Hosp NHST GF Office 5 Trinity House Lyndon West Bromwich B71 4HJ

**Delivery Address** City Hospital Receipts and Distribution Dudley Road Birmingham B18 7QH

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

Patricia Higgins Contact Name 01215074070 Contact Tel 00000480 Account SWBH150882 Customer Reference Date 26 Jun 2024

Priced In

**UK Pounds** 

## Invoice RVM150754-1

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

## Delivery Reference DVM150754-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021014 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 case of 48 boxes	1	496.50	99.30	595.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876379079		0.00	0.00	0.00

**Total Net:** 496.50 Total Vat: 99.30

1Z9W96386876379079

Total: 595.80

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.