**Invoice Address** Torbay and South Devon NHSFT **Accounts Payable Department** Regent House Regent Close Torquay TQ2 7AN

**Delivery Address** Torbay and South Devon NHSFT Goods in Clinical Engineering Dept Torbay Hospital Lowes Bridge Torquay TQ2 7AA

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

**Procurement** Contact Name Contact Tel 01803653365 00005130 Account Customer Reference 1452144 Date 04 Jul 2024

Tracking Number 1Z9W96386878793448

Priced In **UK Pounds** 

## Invoice RVM150825-1

CIP Carriage and Insurance Paid To Torbay NHST, UK \* Incoterms(r) 2020

## Delivery Reference DVM150825-1 Contact agib.majeed@viamed.co.uk

| Item Reference                               | Description   | Quantity                   | Unit     | Unit Vat | Total    |  |
|--|---|----------------------------|----------|----------|----------|--|
| 2510091<br>Tariff 90181990-00<br>CoO Denmark | TOF 3D Neuromuscular Transmission Monitor REF: 2510091 Includes standard accessories: 2510102 Main Patient Cable REF 5750108 2510103 Stimulation Cable with pinch clamps F 2510104 Acceleration (AMG) Transducer REF 1 x Sealing Cover for Main Patient Cable | 1<br>REF 5750 <sup>2</sup> | 1,400.00 | 280.00   | 1,680.00 |  |
|  | 1 x Sealing Cover for Data Interface Socket 1 x Instructions for Use 4 x AA 1.5V batteries  |                            |          |          |          |  |

S/N:T3D202202202

Banking details Bank Sort Code Account Number IBAN

Barclays Bank PLC 20-78-42 00906662 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.

Invoice Address Torbay and South Devon NHSFT **Accounts Payable Department** Regent House Regent Close Torquay TQ2 7AN

**Delivery Address** Torbay and South Devon NHSFT Goods in Clinical Engineering Dept Torbay Hospital Lowes Bridge Torquay TQ2 7ÁA

CoO Denmark

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

Contact Name Procurement Contact Tel 01803653365 Account 00005130 Customer Reference 1452144 Date 04 Jul 2024

Tracking Number 1Z9W96386878793448

Priced In **UK Pounds** 

Invoice RVM150825-1

| Item Reference | Description                       | Quantity | Unit  | Unit Vat | Total |
|----------------|-----------------------------------|----------|-------|----------|-------|
| 2520111        | TOF 3D Thumb Adapters (Box of 50) | 1        | 45.00 | 9.00     | 54.00 |
| 0-0 D          | REF: 5750101                      |          |       |          |       |

PPUPS1 **UPS Courier Delivery - Standard**  12.00

2.40

14.40

The device used standard paediatric electrodes, which Viamed does not supply, but which are readily available through standard supply chain channels.

Instruction for use are supplied in accordance with the medical device regulation, and the device is for use by suitably qualified personnel: Specialists, anaesthetists and nurses with specialization in anaesthesia care. In addition we can supply training materials for use by the

Hospital Clinical Educator, These include: Powerpoint training presentation and a Window based simulator which provides full operation simulation of the device. We also offer support to clinical Educators, however we currently do not include on-site training.

AWB:1Z9W96386878793448

Total Net: 1.457.00 Total Vat: 291.40

Page 2

1,748.40

Total: 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. 00906662 Shortages or damage within 3 days of receipt.

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Banking details Bank Sort Code Account Number

Barclays Bank PLC 20-78-42 IBAN GB05BUKB20784200906662

Claims after these times cannot be entertained.

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