**Invoice Address** Royal United Hospitals Bath NHSFT Accounts Payable **Building E8** Combe Park Bath BA1 3NG

**Delivery Address** Royal United Hospitals Bath NHS FT Supplies and Distribution Department Combe Park Bath BA1 3NG

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

Aldrin Fonseka Contact Name Contact Tel 01225428331 00000350 Account **Customer Reference** 1496286 Date 08 Aug 2024

Priced In **UK Pounds** 

Invoice RVM151465-1

CIP Carriage and Insurance Paid To Royal United Hosp Bath, UK \* Incoterms(r) 2020

## Delivery Reference DVM151465-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1430297 Tariff 90181990-00	V1000 Intensity Control Potentiometer.	1	31.50	6.30	37.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842132415		8.00	1.60	9.60

Total Net: 39.50 Total Vat: 7.90 Total: 47.40

1Z9W96386842132415

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.

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.

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