**Invoice Address** North West Anglia NHS FT **RGN Payables 7455** PO Box 312 Leeds **LS11 1HP** 

Delivery Address Peterborough City Hospital Central Stores **Edith Cavell Campus** Bretton Peterborough

PE3 9GZ

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

Company Reg No: 01291765 EORI No: GB287389593000

Sharon Skeels Contact Name Contact Tel 01480418769 00004113 Account Customer Reference 233336925 Date 02 Sep 2024

Tracking Number 1Z9W96386841889824

Priced In **UK Pounds** 

## Invoice RVM151958-1

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

## Delivery Reference DVM151958-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	12	11.45	2.29	164.88
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841889824		0.00	0.00	0.00

Total Net: 137.40 Total Vat: 27.48 Total: 164.88

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.

