

Invoice Address
North West Anglia NHS FT
RGN Payables 7455
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 Dinu Abraham
Contact Tel 01480416416
Account 00002285
Customer Reference 233337946
Date 12 Sep 2024
Tracking Number 1Z9W96386840600743
Priced In UK Pounds

Delivery Address
Hinchingsbrooke Hospital
Main Stores
Hinchingsbrooke Park
Huntingdon
PE29 6NT

Invoice RVM152173-1

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

Delivery Reference DVM152173-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1410000 Tariff 90318080-00 CoO U.K.	Foetal Heart Simulator V1000 S/N:PR03654A14	1	659.00	131.80	790.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840600743		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 BUKGBB22
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.