

Invoice Address
Rush University Medical Center
Department of Orthopedic Surgery
1735 W Harrison Rm 518
Chicago IL
60612

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 Ana Chee, Ph.D.
Contact Tel 0013129424879
Account CID30387
Customer Reference 13092494AM
Date 24 Oct 2024
Tracking Number 1Z9W96380478307673
Priced In US Dollars

Invoice RVM152194-1 Paid

Delivery Address
Rush University Medical Center
Cohn Research Building Room 747
1735 W Harrison St
Chicago IL
60612

CIP Carriage and Insurance Paid To Rush Uni Medical Center, Chicago * Incoterms(r) 2020

Delivery Reference DVM152194-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110501 Tariff 90271010 CoO United Kingdom	Oxygen Sensor MOX1 MediceL Ref. AA829-210	1	62.50	0.00	62.50
INS	S/N:1649640032 Insurance		12.50	0.00	12.50
PPUPS7	UPS Courier Delivery - Express Saver 23 x 15 x 12cm 0.2kg AWB:1Z9W96380478307673		33.56	0.00	33.56

Total Net: 108.56
Total Vat: 0.00
Total: 108.56

Banking details
Bank Barclays Bank
Sort Code 20-78-42
Account Number 89771244
IBAN GB82BUKB20784289771244
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 14 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.