Invoice Address University Hospital Birmingham NHSFT **BHST Business Group** PO Box 16967 Edgbaston Birmingham **B16 6TT**

Delivery Address Solihull Hospital T51270 Solihull Stores Receipts and Distributions Rear of Union Road Solihull B91 2JL

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

Stephanie Allan Contact Name 01214245666 Contact Tel 00000516 Account Customer Reference 866258 Date 04 Oct 2024

Tracking Number 1Z9W96386878991706

Priced In **UK Pounds**

Invoice RVM152603-1

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

Delivery Reference DVM152603-1 Contact kate.griffiths@viamed.co.uk

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|--|--|----------|-------|----------|-------|
| 2810049 Tariff 90181990-00 CoO China | MD300-C19 LED Finger Pulse Oximeter | 4 | 14.59 | 2.92 | 70.03 |
| | AWB:202009100256-202009100258,202009100260 | | | | |
| PPUPS1 | UPS Courier Delivery - Standard | | 0.00 | 0.00 | 0.00 |
| | AWB:1Z9W96386878991706 | | | | |

Total Net: 58.36 Total Vat: 11.67 Total: 70.03

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.

