

Invoice Address
NHS Greater Glasgow and Clyde
Payments Department
PO Box 7388
Glasgow
G51 9BS

Delivery Address
South Glasgow Uni Hospital
Medical Physics Department
2nd Floor Tower Block
1345 Govan Road
Glasgow
G51 4TF

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
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Fax: +44 (0) 1535 635582
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Company Reg No: 01291765
EORI No: GB287389593000



Contact Name Matthew Geddes
Contact Tel 01414523282
Account 00001853
Customer Reference GMPS14807931
Date 03 Dec 2024
Tracking Number 1Z9W96386840714915
Priced In UK Pounds

Invoice RVM153511-1

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

Delivery Reference DVM153511-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1480000 Tariff 9018199000 CoO United Kingdom	V1000 Foetal Heart Simulator Service and Functional Check S/N: PR02041A10, SRS68958, SRN37351	1	60.00	12.00	72.00
1430309 Tariff 9031808000 CoO United Kingdom	V1000 Transducer Interface Cushion SRS68958, SRN37351	1	0.00	0.00	0.00
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840714915		12.00	2.40	14.40
				Total Net:	72.00
				Total Vat:	14.40
				Total:	86.40

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGB22
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.