Invoice Address NHS Forth Valley Financial Services Accounts Payable Department Administration Building Falkirk Community Hospital **Falkirk** FK1 5SU

**Delivery Address** Forth Valley Royal Hospital VL199 0701 Medical Physics Block J First Floor Larbert FK5 4WR

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

Arlene Gallagher Contact Name 01324566953 Contact Tel 00004880 Account Customer Reference VMF14834763 Date 06 Dec 2024

Tracking Number 1Z9W96386842428258

Priced In **UK Pounds** 

## Invoice RVM153650-1

CIP Carriage and Insurance Paid To Forth Valley Royal Hospital, UK \* Incoterms(r) 2020

## Delivery Reference DVM153650-1 Contact kate.griffiths@viamed.co.uk Item Reference Description Quantity Unit Vat Unit

1480000 Tariff 9018199000 CoO United Kingdom	V1000 Foetal Heart Simulator Service and Functional Check	1	60.00	12.00	72.00
1430309 Tariff 9031808000 CoO United Kingdom PPUPS1	S/N: PR01985A11, SRS68968, SRN37470 V1000 Transducer Interface Cushion SRS68968, SRN37470	1	0.00	0.00	0.00
	UPS Courier Delivery - Standard AWB:1Z9W96386842428258		12.00	2.40	14.40

Total Net: 72.00 Total Vat: 14.40 Total: 86.40

Total

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

IBAN GB05BUKB20784200906662 **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 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.