

Invoice Address
Western Health and Social Care Trust
Finance Department
Cost Centre E0M688 Estates Western
Trust PO Box 1044
Ballymena
BT42 9BT
Northern Ireland

Delivery Address
Altnagelvin Hospital
Engineering Store Altnagelvin
Estates Department
Glenshane Road
Derry
BT47 6SB
Northern Ireland

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 Simon Gallagher
Contact Tel 01504214570
Account 00003463
Customer Reference NSA44842
Date 06 Dec 2024
Tracking Number 1Z9W96386877619987
Priced In UK Pounds

Invoice RVM153797-1

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

Delivery Reference DVM153797-1 Contact kate.griffiths@viamed.co.uk

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|---|--|----------|--------|----------|--------|
| 0014851 Tariff 9018199000 CoO Germany | Pulse Oximetry Silicone Wrap Sensor Viamed - W7500VM Cable Length: 1.2m S/N:GJP10043-GJP10044 | 2 | 189.00 | 37.80 | 453.60 |
| PPUPS2 | UPS Courier Delivery - Standard 23 x 15 x 12 cm 0.40 kg AWB:1Z9W96386877619987 | | 9.14 | 1.83 | 10.97 |

Total Net: 387.14
Total Vat: 77.43
Total: 464.57

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.