

Invoice Address
NHFM Limited
Finance Department
7 - 8 Silver Fox Way
Cobalt Business Park
Newcastle upon Tyne
NE27 0QJ

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 Ellie Perry
Contact Tel 01434655655
Account 00002220
Customer Reference RTFE400414442
Date 28 Feb 2025
Tracking Number 1Z9W96386841906297
Priced In UK Pounds

Invoice RVM154991-1

Delivery Address
Hexham General Hospital
Loading Dock A Nh0100
Maidens Walk
Hexham
NE46 1QJ

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

Delivery Reference DVM154991-1 Contact cathy.green@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: PR03124A11, SRS69022, SRN37605 | 1 | 65.00 | 13.00 | 78.00 |
| 1430309 Tariff 9031808000 CoO United Kingdom | V1000 Transducer Interface Cushion SRS69022, SRN37605 | 1 | 0.00 | 0.00 | 0.00 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386841906297 | | 12.00 | 2.40 | 14.40 |
| | | | | Total Net: | 77.00 |
| | | | | Total Vat: | 15.40 |
| | | | | Total: | 92.40 |

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.