Invoice Address Manchester University NHSFT Trafford General Hospital Accounts Payable - Central Invoices Finance and Procurement Business Unit Davyhulme M41 5SL

Delivery Address Manchester Royal Infirmary Ground Floor Purple Zone MRI Meam 221897 Main Entrance off Grafton Street Manchester M13 9WL

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

Sangita Patel Contact Name 01612764824 Contact Tel 00003560 Account Customer Reference 000495650 Date 28 Feb 2025

Tracking Number 1Z9W96386840855684

Priced In **UK Pounds**

Invoice RVM155127-1

CIP Carriage and Insurance Paid To Manchester Royal Infirmary, UK * Incoterms(r) 2020

Delivery Reference DVM155127-1 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	1	65.00	13.00	78.00
	S/N: PR03370A12, SRS69032, SRN37619				
1430309 Tariff 9031808000 CoO United Kingdom	V1000 Transducer Interface Cushion SRS69032, SRN37619	1	0.00	0.00	0.00
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840855684		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 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.