

Invoice Address
Worcestershire Acute Hospital NHST
RWP Payables 6485
Po Box 312
Leeds
LS11 1HP

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 Nicola Jones
Contact Tel 01527502822
Account 00004295
Customer Reference 305626467
Date 04 Apr 2025
Tracking Number 1Z9W96386840711123
Priced In UK Pounds

Invoice RVM156054-1

Delivery Address
Kidderminster Hospital
Receipts and Distribution
FAO:RWP 182848 Technical Serv Dept
Franchise Street
Kidderminster
DY11 6RJ

CIP Carriage and Insurance Paid To Alexandra Hospital, Redditch * Incoterms(r) 2020

Delivery Reference DVM156054-1 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: PR02913A10 SRS69073 SRN37734 | | | | |
| 1430309 Tariff 9031808000 CoO United Kingdom PPUPS1 | V1000 Transducer Interface Cushion SRS69073 SRN37734 UPS Courier Delivery - Standard AWB:1Z9W96386840711123 | 1 | 0.00 12.00 | 0.00 2.40 | 0.00 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 BUKGBB22
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.