**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 VMF15441920 Customer Reference Date 12 Jun 2025

Tracking Number 1Z9W96386841784571

Priced In **UK Pounds** 

## Invoice RVM157146-1

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

## Delivery Reference DVM157146-1 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
1430309 Tariff 9031808000 CoO United Kingdom PPUPS1	S/N:PR02724A15 SRS69141 SRN37883 V1000 Transducer Interface Cushion SRS69141 SRN37883	1	0.00	0.00	0.00
	UPS Courier Delivery - Standard AWB:1Z9W96386841784571		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

BUKBGB22 Terms & conditions https://www.viamed.co.uk/terms

GB05BUKB20784200906662

Terms: Net 30 days from date of invoice.

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.

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