

Invoice Address
NHS Greater Glasgow and Clyde
Payments Department
PO Box 7388
Glasgow
G51 9BS

Supplier
Viamed Ltd
15 Station Road
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Fax: +44 (0) 1535 635582
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Company Reg No: 01291765
EORI No: GB287389593000



Contact Name Zunair Iqbal
Contact Tel 01389817249
Account 00000090
Customer Reference GMPV15482790
Date 23 Jun 2025
Tracking Number 1Z9W96386841049991
Priced In UK Pounds

Invoice RVM157387-1

Delivery Address
Vale of Leven District Hospital
VOL -VOL Medical Physics Dept
GLN:THUAVOL C/O Central Stores
Main Street
Alexandria
G83 0UA

CIP Carriage and Insurance Paid To Vale Of Leven Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM157387-1 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:PR02940A10 SRS69155 SRN37951				
1430309 Tariff 9031808000 CoO United Kingdom PPUPS1	V1000 Transducer Interface Cushion SRS69155 SRN37951 UPS Courier Delivery - Standard AWB:1Z9W96386841049991	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.