**Invoice Address** NHS Greater Glasgow and Clyde Payments Department P O Box 7388 Glasgow G51 9BS

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 Tel Account Customer Reference Date Vat Number

Supplier Viamed Ltd 15 Station Road

Cross Hills

Contact Name

Adam Allan 01413146637 00004080 GMPA15538724 11 Jul 2025

654850811 Tracking Number 1Z9W96386842135930

Priced In **UK Pounds** Invoice RVM157678-1

Delivery Address Royal Alexandra Hospital RAH Medical Physics X-ray Dept C/O Central Stores Paisley PA2 9PN

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

## Delivery Reference DVM157678-1 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:PR03102A10 SRS69164 SRN37966 V1000 Transducer Interface Cushion SRS69164 SRN37966	1	0.00	0.00	0.00
	UPS Courier Delivery - Standard AWB:1Z9W96386842135930		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 BIC 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.

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