

Invoice Address  
Hull University Teaching Hospitals  
C/O ELFS Business Services  
Viscount House Arkwright Court  
Commercial Road  
Darwen  
BB3 0FG

Delivery Address  
Castle Hill Hospital  
HUTH Perfusion Department  
Entrance 1  
Castle Road  
Cottingham  
HU16 5JQ

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	Supplies
Contact Tel	01482608783
Account	00001270
Customer Reference	RWA263241
Date	04 Jul 2025
Tracking Number	1Z9W96386877430975
Priced In	UK Pounds

## Invoice RVM157727-1

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

Delivery Reference DVM157727-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0111276 Tariff 9018199000 CoO Germany	Envitec MySign O Oxygen Monitor Including standard accessories: 1 x 0110560 OOM111 sensor 1 x Coiled sensor cable (0.5m, extendable) 1 x 15mm O.D. sensor flow diverter. 1 x `T` Adapter (22mm I.D. - 22mm O.D., T = 15mm I.D.). 1 x USB data cable. 1 x Li-ion battery. 1 x PC software. 1 x Instruction manual on CD.  S/N:104179-104182	4	356.00	71.20	1,708.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877430975		12.00	2.40	14.40

Total Net:	1,436.00
Total Vat:	287.20
Total:	1,723.20

Banking details  
Bank Barclays Bank PLC  
Sort Code 20-78-42  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKGBG22  
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.