

Invoice Address  
 Isle of Wight NHST  
 R1F Payables F245  
 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  
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 Email: info@viamed.co.uk  
 VAT Reg No: GB287389593  
 Company Reg No: 01291765  
 EORI No: GB287389593000



Contact Name: Helena Fan  
 Contact Tel: 07518901102  
 Account: 00004205  
 Customer Reference: 282178539  
 Date: 08 Jul 2025  
 Tracking Number: 1Z9W96386841038396  
 Priced In: UK Pounds

**Invoice RVM157761-1**

Delivery Address  
 St Mary's Hospital  
 Medical Electronics Dept  
 Parkhurst Road  
 Newport  
 PO30 5TG

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

Delivery Reference DVM157761-1 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  S/N:PR03072A10 SRS69166 SRN37968	1	65.00	13.00	78.00
1430309 Tariff 9031808000 CoO United Kingdom PPUPS1	V1000 Transducer Interface Cushion SRS69166 SRN37968 UPS Courier Delivery - Standard AWB:1Z9W96386841038396	1	0.00	0.00	0.00
			12.00	2.40	14.40
				<b>Total Net:</b>	<b>77.00</b>
				<b>Total Vat:</b>	<b>15.40</b>
				<b>Total:</b>	<b>92.40</b>

Banking details  
 Bank: Barclays Bank PLC  
 Sort Code: 20-78-42  
 Account Number: 00906662  
 IBAN: GB05BUKB20784200906662  
 BIC: BUKGB22  
 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.