**Invoice Address** York and Scarborough Teaching Hospitals NHSFT Finance Dept Tribune House Centurian Park Tribune Way Clfton Moor York

**YO30 4RY** 

**Delivery Address** York Hospital
1 YH Main Stores 230284
Wigginton Road York **YO31 8HE** 

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Contact Name A Matman Contact Tel 01723385072 00005530 Account Customer Reference RCBN400193419 Date 07 Aug 2025

1Z9W96386842204721 Tracking Number

Priced In **UK Pounds** 

## Invoice RVM158318-1

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

## Delivery Reference DVM158318-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
2810011 Tariff 90181990-00 CoO China	MD300-C2 OLED Finger Pulse Oximeter	3	24.40	4.88	87.84
	S/N:244864501401-244864501403				
PPUPS1	UPS Courier Delivery - Standard		0.00	0.00	0.00
	AWB:1Z9W96386842204721				

**Total Net:** 73.20 Total Vat: 14.64 Total: 87.84

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.

