Invoice Address Dudley Group NHSFT Russells Hall Hospital Creditor Payments Department Trust HQ South Block

Dudley DY1 2HQ

Delivery Address Russells Hall Hospital Dist Centre c/o Med Engineering Dept F.A.O. Sarah Fairley Deliv Point 3 Pensnett High Street Dudley DY12HQ

Supplier Viamed Ltd 15 Station Road Cross Hills

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

Tracking Number

Company Reg No: 01291765 EORI No: GB287389593000

Sarah Fairley Contact Name Contact Tel 01384456111 00001465 Account Customer Reference 500006411-01 Date 17 Sep 2025

Priced In **UK Pounds**

1Z9W96386841539934

Invoice RVM158441-1

CIP Carriage and Insurance Paid To Russells Hall Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM158441-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110427 Tariff 9019209000 CoO United States	Oxygen sensor MAX-250+	1	100.90	20.18	121.08
	S/N:LD37999010				
0110473 Tariff 9019209000 CoO United States	Maxtec Oxygen Sensor MAX-125WF	1	107.70	21.54	129.24
	S/N:KH86399071				
0110429 Tariff 9019209000 CoO United States	Maxtec Oxygen Sensor MAX-250E	1	70.80	14.16	84.96
	S/N:LE23099104				
0110468 Tariff 9019209000 CoO United States	Maxtec Oxygen Sensor MAX-125M	3	94.40	18.88	339.84
	S/N:LF68299195-LF68299197				
0320021 Tariff 90181990-00	Resuscitation Bed 14`` flat	1	174.50	34.90	209.40
	14 inch flat bed with retaining lip,				
	for use with Viamed infant resuscitation cabinet	S.			
	Width measurements:				
	Across base: 356mm (14 inch),				
	Across top (outside): 400mm (15.75 inch)				
0330214 Tariff 90181990-00 CoO Italy 0330213 Tariff 90181990-00 CoO Italy	O Ring Thin	80	1.10	0.22	105.60
	O Ring Thick	20	1.10	0.22	26.40

Banking details

Barclays Bank PLC Bank Sort Code 20-78-42 00906662 Account Number

IBAN GB05BUKB20784200906662 **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.



Invoice Address Dudley Group NHSFT Russells Hall Hospital Creditor Payments Department Trust HQ South Block Dudley DY1 2HQ

Delivery Address Russells Hall Hospital Dist Centre c/o Med Engineering Dept F.A.O. Sarah Fairley Deliv Point 3 Pensnett High Street DY1 2HQ

Supplier Viamed Ltd 15 Station Road Cross Hills

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

Sarah Fairley Contact Name 01384456111 Contact Tel 00001465 Account 500006411-01 Customer Reference Date 17 Sep 2025

Tracking Number 1Z9W96386841539934

Priced In **UK Pounds**

Invoice RVM158441-1

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0330203 Tariff 90269000 CoO Switzerland 0330227 Tariff 90181990-00	Pressure Gauge for `Tom Thumb`	2	128.30	25.66	307.92
	Precision/Adjustable Valve Seat	5	12.40	2.48	74.40
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841539934		0.00	0.00	0.00

Total Net: 1,165.70 Total Vat: 233.14 Total: 1,398.84

Banking details Bank Sort Code

Barclays Bank PLC 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.