Invoice Address University Hospitals of Leicester NHST Leicester Royal Infirmary Accounts Payable Department P O Box 189 Leicester LE15WP

Delivery Address Leicester Royal Infirmary Materials Handling Unit Gate 9 Havelock Street Leicester

LE2 7HA

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

Timothy Gray Contact Name 03003031573 Contact Tel 00002600 Account LR747803 Customer Reference Date 02 Sep 2025

1Z9W96386878157000 Tracking Number

Priced In **UK Pounds**

Invoice RVM158760-1

CIP Carriage and Insurance Paid To Leicester Royal Infirmary, UK * Incoterms(r) 2020

Delivery Reference DVM158760-1 Contact agib.majeed@viamed.co.uk

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|---|---|------------|-------------|------------------------------|---------------------|
| 0110043 Tariff 9019209000 CoO Germany | Viamed Oxygen Sensor R-43V - Pack of 2 Warranty period: 6 months from invoice date | 10 | 83.10 | 16.62 | 997.20 |
| | S/N:V111288/V111259, V111289/V111255, V | 111290/V11 | 1258, V1112 | 91/V111257, V11 ² | 1292/V111347, V1112 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386878157000 | | 0.00 | 0.00 | 0.00 |

Total Net: 831.00 Total Vat: 166.20 Total: 997.20

Banking details Bank

Barclays Bank PLC 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.