

Invoice Address  
 Norfolk and Norwich UH FT  
 RM1 Payables G105  
 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  
 Fax: +44 (0) 1535 635582  
 Email: info@viamed.co.uk  
 VAT Reg No: GB287389593  
 Company Reg No: 01291765  
 EORI No: GB287389593000



Contact Name Claire Latham  
 Contact Tel 01603286286  
 Account 00003890  
 Customer Reference 358080133  
 Date 28 Jan 2026  
 Tracking Number 1Z9W96386842971296  
 Priced In UK Pounds

**Invoice RVM161263-1**

Delivery Address  
 Norfolk and Norwich University Hospital  
 Clinical Engineering  
 Colney Lane  
 Norwich  
 NR4 7UY

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

Delivery Reference DVM161263-1 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:PR03731A13 SRS69326 SRN38490	1	65.00	13.00	78.00
1430309 Tariff 9031808000 CoO United Kingdom PPUPS1	V1000 Transducer Interface Cushion SRS69326 SRN38490 UPS Courier Delivery - Standard AWB:1Z9W96386842971296	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.