

Invoice Address  
 NHS Greater Glasgow and Clyde  
 Payments Department  
 PO Box 7388  
 Glasgow  
 G51 9BS

Supplier  
 Viamed Ltd  
 15 Station Road  
 Cross Hills  
 Keighley, West Yorkshire  
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Contact Name Marlene Laverty  
 Contact Tel 01414523282  
 Account 00001853  
 Customer Reference GMPS16325001  
 Date 10 Mar 2026  
 Tracking Number 1Z9W96386842019093  
 Priced In UK Pounds

## Invoice RVM162115-1

Delivery Address  
 South Glasgow University Hospital  
 Medical Physics Department  
 2nd Floor Tower Block  
 1345 Govan Road  
 Glasgow  
 G51 4TF

CIP Carriage and Insurance Paid To QE University Hospital, UK \* Incoterms 2020

Delivery Reference DVM162115-1 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	1	65.00	13.00	78.00
	S/N:PR02041A10 SRS69375 SRN38555				
1430309 Tariff 9031808000 CoO United Kingdom PPUPS1	V1000 Transducer Interface Cushion SRS69375 SRN38555 UPS Courier Delivery - Standard AWB:1Z9W96386842019093	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.