Invoice Address
Nottingham University Hospitals NHS Trust
RX1 Payables G155
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	Procurement
Contact Tel	01132124990
Account	00003910
Customer Reference	363054649
Date	03 Mar 2026
Tracking Number	1Z9W96386876778423
Priced In	UK Pounds

Delivery Address
Nottingham University Hospital
City Hospital Campus
City Distribution Hub Service Road 1
Hucknall Road
Nottingham
NG5 1PB

Invoice RVM162152-1

CIP Carriage and Insurance Paid To Nottingham City Hosp, UK * Incoterms 2020

Delivery Reference DVM162152-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110427 Tariff 9019209000 CoO United States	Oxygen sensor MAX-250+ S/N:LH48599115-LH48599118	4	95.80	19.16	459.84
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876778423		0.00	0.00	0.00

Total Net:	383.20
Total Vat:	76.64
Total:	459.84

Banking details

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