

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

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 Adam Allan
 Contact Tel 01413146637
 Account 00004080
 Customer Reference GMPA16641455
 Date 10 Jun 2026
 Vat Number 654850811
 Tracking Number 1Z9W96386842484947
 Priced In UK Pounds
Invoice RVM164058-1

Delivery Address
 Royal Alexandra Hospital
 RAH Medical Physics X-ray Dept
 C/O Central Stores
 Corsebar Road
 Paisley
 PA2 9PN

CIP Carriage and Insurance Paid To Royal Alexandra Hospital, UK * Incoterms 2020

Delivery Reference DVM164058-1 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	70.00	14.00	84.00
	S/N:PR03102A10 SRS69443 SRN38810				
1430309 Tariff 9031808000 CoO United Kingdom PPUPS1	V1000 Transducer Interface Cushion SRS69443 SRN38810 UPS Courier Delivery - Standard AWB:1Z9W96386842484947	1	0.00	0.00	0.00
			12.00	2.40	14.40
				Total Net:	82.00
				Total Vat:	16.40
				Total:	98.40

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.