

Invoice Address
Hull University Teaching Hospitals
C/O ELFS Business Services
Viscount House Arkwright Court
Commercial Road
Darwen
BB3 0FG

Delivery Address
Castle Hill Hospital
HUTH Perfusion Department
Entrance 1
Castle Road
Cottingham
HU16 5JQ

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	Supplies
Contact Tel	01482608783
Account	00001270
Customer Reference	RWA290428
Date	31 Jul 2026
Tracking Number	1Z9W96386878444566
Priced In	UK Pounds

Invoice RVM164986-1

CIP Carriage and Insurance Paid To Castle Hill Hospital, UK * Incoterms 2020

Delivery Reference DVM164986-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110560 Tariff 90271090 CoO Germany	Oxygen Sensor OOM111	4	69.10	13.82	331.68
	S/N:A128025-A128028				
PPUPS1	UPS Courier Delivery - Standard		0.00	0.00	0.00
	AWB:1Z9W96386878444566				

Total Net:	276.40
Total Vat:	55.28
Total:	331.68

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGBB22
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.