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Viamed Ltd

**Delivery Address**

Royal Oldham Hospital
EBME Department CH/Keddie
Rochdale Road
Oldham
OL1 2JH

Invoice Address

Northern Care Alliance NHS FT
C/O ELFS Shared Services
PO Box 4418, Unit 2
Swindon
SN4 4RW

Contact Name : Ann Clark
Contact Tel : 01616278677

Account : 00003960
Customer Reference : RR302528
Date : 30 Jan 2024
Priority : 3
Due Date : 31 Jan 2024
Priced In : UK Pounds

Order Confirmation CVM147967

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CIP Carriage and Insurance Paid To Royal Oldham Hospital, UK * Incoterms(R) 2020

Your Viamed Contact for this Order Confirmation : sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1410000	Foetal Heart Simulator V1000	1	659.00	131.80	790.80
PPUPS1	UPS Courier Delivery - Standard	1	12.00	2.40	14.40

Total Net: 671.00
Total Vat: 134.20
Total: 805.20

Banking details
Bank BIC
Sort Code Barclays Bank PLC
Account Number 20-78-42
IBAN 00906662
BIC GB05BUKB20784200906662
Terms and conditions <https://www.viamed.co.uk/terms>