**Invoice Address** Nottingham University Hospitals NHS Trust RX1 Payables G155 PO Box 312 Leeds **LS11 1HP** 

Supplier Viamed Ltd 15 Station Road Cross Hills 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



Courtney German Contact Name 01159691169 Contact Tel 00003910 Account Customer Reference 363014796 Date 06 Oct 2025

Tracking Number 1Z9W96386842178813

Priced In **UK Pounds** 

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

## Invoice RVM158787-1

CIP Carriage and Insurance Paid To Nottingham City Hosp, UK \* Incoterms(r) 2020

## Delivery Reference DVM158787-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0131596	MaxO2 Rear Casing	1	7.70	1.54	9.24
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842178813		8.00	1.60	9.60

Total Net: 15.70 Total Vat: 3.14 Total: 18.84

Banking details Bank

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

IBAN GB05BUKB20784200906662

BIC BUKBGB22
Terms & conditions https://www.viamed.co.uk/terms

Terms: Net 30 days from date of invoice.

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.

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