**Invoice Address** York and Scarborough Teaching Hospitals NHSFT

1 Finance 230108 Finance Department Tribune House Centurian Park Tribune Way Clifton Moor York **YO30 4RY** 





Emma Seabourne

01904631313

Company Reg No: 01291765 EORI No: GB287389593000 Contact Name Contact Tel Account

Supplier Viamed Ltd 15 Station Road

Cross Hills

00005530 Customer Reference RCBN400199197

Date 31 Oct 2025 Priced In **UK Pounds** 

Delivery Address York Hospital White Cross Court Crue 231882 Wilson Drive **Huntington Road** York YO31 8FT

## Invoice RVM159885-1

CIP Carriage and Insurance Paid To York Hospital, UK \* Incoterms(r) 2020

## Delivery Reference DVM159885-1 Contact kate.griffiths@viamed.co.uk

| Item Reference                             | Description                                | Quantity | Unit  | Unit Vat | Total |
|--|--|----------|-------|----------|-------|
| 2810049<br>Tariff 90181990-00<br>CoO China | MD300-C19 LED Finger Pulse Oximeter        | 5        | 15.00 | 3.00     | 90.00 |
|  | S/N:202009100357,202009100359-202009100361 |          |       |          |       |
| PPUPS1                                     | UPS Courier Delivery - Standard            |          | 0.00  | 0.00     | 0.00  |

**Total Net:** 75.00 Total Vat: 15.00 Total: 90.00

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number IBAN GB05BUKB20784200906662

**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.

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