**Invoice Address** Aneurin Bevan University Health Board 342049 Accounts Payable OCR ABHB PO Box 114 **Pontypool** NP4 4DJ

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



Delivery Address Grange University Hospital 324551 GUH Receipts and Distribution Stores

Llanfrechfa Grange

Cwmbran NP44 8YN

**Procurement** Contact Name Contact Tel 01633493100 CID19789 Account Customer Reference 33943617 Date 03 Nov 2023

Tracking Number 1Z9W96386842422996

Priced In **UK Pounds** 

Invoice RVM146492-1

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

## Delivery Reference DVM146492-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	1	55.30	11.06	66.36
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 1	55.30	11.06	66.36
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842422996		10.00	2.00	12.00

Total Net: 175.90 Total Vat: 35.18 Total: 211.08

Banking details Bank Sort Code Account Number IBAN

Barclays Bank PLC 20-78-42 00906662

GB05BUKB20784200906662

BIC 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.