Invoice Address
Cardiff and Vale UHB
PO Box 110
Pontypool
NP4 4DE

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	Procurement
Contact Tel	02920745270
Account	00000950
Customer Reference	726544131
Date	18 Dec 2023
Tracking Number	1Z9W96386841547032
Priced In	UK Pounds

Delivery Address
University Hospital of Wales
(722211) Maternity Ward 1st Floor
Via Lakeside Stores
Heath Park
Cardiff
CF14 4XW

Invoice RVM147271-1

CIP Carriage and Insurance Paid To Univ. Hospital Of Wales, UK * Incoterms(r) 2020

Delivery Reference DVM147271-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	2	55.30	11.06	132.72
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841547032		10.00	2.00	12.00

Total Net:	231.20
Total Vat:	46.24
Total:	277.44

Banking details

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