Invoice Address Betsi Cadwaladr University Health Board PO Box 117 Pontypool NP4 4DP

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

Skye Duffield Contact Name 01745583910 Contact Tel 00000580 Account Customer Reference 9880338 Date 19 Dec 2023

Tracking Number 1Z9W96386841033604

Priced In **UK Pounds**

Delivery Address Glan Clwyd Hospital EBME Department Sarn Lane Bodelwyddan

LL18 5ÚJ

Invoice RVM147292-1

CIP Carriage and Insurance Paid To Glan Clwyd Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM147292-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110021 Tariff 9019209000 CoO Germany	Viamed Oxygen Sensor R-22MEDV	1	42.00	8.40	50.40
	S/N:V120288				
PPUPS1	UPS Courier Delivery - Standard		0.00	0.00	0.00
	AWB:1Z9W96386841033604				

Total Net: 42.00 Total Vat: 8.40

Total: 50.40

Banking details

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.

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.

Bank

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