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

Lewis Blackshaw Contact Name 01978725869 Contact Tel 00005500 Account Customer Reference 9893466 Date 06 Feb 2024

Tracking Number 1Z9W96386840612721

Priced In **UK Pounds**



Wrexham **LL13 7TD**

Invoice RVM147748-1

CIP Carriage and Insurance Paid To Wrexham Maelor Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM147748-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0140005 Tariff 90181990-00 CoO United States	Labour Charge - Repair of MX300 S/N: 299934, SRS68669, SRN36212 No fault found	1	0.00	0.00	0.00
0140025 Tariff 90181990-00 CoO United Kingdom	Oxygen sensor cable evaluation. S/N: 0003080, SRS68669, SRN36213 No fault found	1	0.00	0.00	0.00
0140012 Tariff 9019200000 CoO United Kingdom	Oxygen sensor evaluation. S/N: 179767, SRS68669, SRN36214 Faulty. Disposed off.	1	0.00	0.00	0.00
0110017 Tariff 901920900 CoO United States PPUPS1	Teledyne Sensor R-17MED S/N: 953768, SRS68669, SRN36214	1	53.00	10.60	63.60
	UPS Courier Delivery - Standard AWB:1Z9W96386840612721		12.00	2.40	14.40

Total Net: 65.00 Total Vat: 13.00 Total: 78.00

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.

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.

Page 1