**Invoice Address** Swansea Bay University Health Board **NWSSP - Account Payable** PO Box 113 **Pontypool** NP4 4DH

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 Company Reg No: 01291765 EORI No: GB287389593000



Contact Name Contact Tel Account Customer Reference Date

**Procurement** 01792205666 00005070 92428683 31 Jan 2024

Tracking Number 1Z9W96386878685243

Priced In **UK Pounds** 

Delivery Address Singleton Hospital Goods Inwards Store Sketty Lane Swansea SA28QA

## Invoice RVM147990-1

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

## Delivery Reference DVM147990-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 5	55.30	11.06	331.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878685243		12.00	2.40	14.40

Total Net: 288.50 Total Vat: 57.70 Total: 346.20

Banking details

Barclays Bank PLC Bank 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.

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