

Invoice Address  
Cwm Taf Morgannwg UHB  
PO Box 111  
Pontypool  
NP4 4DF

Supplier  
Viamed Ltd  
15 Station Road  
Cross Hills  
Keighley, West Yorkshire  
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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 01685726581  
Account 00003675  
Customer Reference 68010325  
Date 19 Feb 2024  
Tracking Number 1Z9W96386841410312  
Priced In UK Pounds

## Invoice RVM148328-1

Delivery Address  
Prince Charles Hospital  
555042 Special Baby Unit  
Gurnos Estate  
Merthyr Tydfil  
CF47 9DT

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

Delivery Reference DVM148328-1 Contact emily.morton@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	3	55.30	11.06	199.08
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	3	55.30	11.06	199.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841410312		12.00	2.40	14.40

Total Net: 343.80  
Total Vat: 68.76  
Total: 412.56

Banking details  
Bank Barclays Bank PLC  
Sort Code 20-78-42  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKGB22  
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.