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

Tracking Number

Wendy Rintoul Contact Name 01978725869 Contact Tel 00005500 Account **Customer Reference** 9909521 Date 15 May 2024

Priced In **UK Pounds**

Delivery Address Wrexham Maelor Hospital Medical Engineering Croesnewydd Road Wrexham **LL13 7TD**

Invoice RVM148505-1

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

Delivery Reference DVM148505-1 Contact janine.gill@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110409 Tariff 9019209000 CoO United States	Oxygen sensor MAX-9	1	103.70	20.74	124.44
	S/N:KC88702005				
PPUPS1	UPS Courier Delivery - Standard		0.00	0.00	0.00
	awb:1z9w96386876438004				

Total Net: 103.70 Total Vat: 20.74

1z9w96386876438004

Total: 124.44

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.

