

Invoice Address  
Aneurin Bevan University Health Board  
342049 Accounts Payable OCR ABHB  
PO Box 114  
Pontypool  
NP4 4DJ

Supplier  
Viamed Ltd  
15 Station Road  
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



Contact Name	Procurement
Contact Tel	01633493100
Account	CID19789
Customer Reference	34003937
Date	04 Apr 2024
Tracking Number	1Z9W96386876477623
Priced In	UK Pounds

Delivery Address  
Grange University Hospital  
324551 Receipt and Distribution Stores  
Llanfrechfa Grange  
Cwmbran  
NP44 8YN

## Invoice RVM149169-1

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

Delivery Reference DVM149169-1 Contact aqib.majeed@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	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876477623		10.00	2.00	12.00

Total Net:	120.60
Total Vat:	24.12
Total:	144.72

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.