

Invoice Address
Cardiff and Vale UHB
PO Box 110
Pontypool
NP4 4DE

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
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Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765
EORI No: GB287389593000



Contact Name	Procurement
Contact Tel	02920745270
Account	00000950
Customer Reference	726600199
Date	09 May 2024
Tracking Number	1Z9W96386876754636
Priced In	UK Pounds

Invoice RVM149806-1

Delivery Address
University Hospital of Wales
(722211) Maternity Ward 1st Floor
Via Lakeside Stores
Heath Park
Cardiff
CF14 4XW

CIP Carriage and Insurance Paid To Univ. Hospital Of Wales, UK * Incoterms(r) 2020

Delivery Reference DVM149806-1 Contact sophie.lines@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	4	55.30	11.06	265.44
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	4	55.30	11.06	265.44
PPUPS1	UPS Courier Delivery - Standard AWB:1z9w96386876754636		12.00	2.40	14.40

Total Net:	454.40
Total Vat:	90.88
Total:	545.28

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.