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

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

Women's Health Contact Name Contact Tel 01656752752 00004195 Account Customer Reference 68047853 Date 10 Jul 2024

Tracking Number 1Z9W96386876800175

Priced In **UK Pounds**

Delivery Address Princess of Wales Hospital 533147 Special Care Baby Unit Coity Road Bridgend CF31 1RQ

Invoice RVM150996-1

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

Delivery Reference DVM150996-1 Contact

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876800175		10.00	2.00	12.00

Total Net: 120.60 Total Vat: 24.12 Total:

144.72

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.

