

Invoice Address  
Betsi Cadwaladr University Health Board  
PO Box 117  
Pontypool  
NP4 4DP

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	01978291100
Account	00005500
Customer Reference	9972099
Date	12 Jul 2024
Tracking Number	1Z9W96386841533001
Priced In	UK Pounds

## Invoice RVM151057-1

Delivery Address  
Wrexham Maelor Hospital  
YMW Children Ward  
Croesnewydd Road  
Wrexham  
LL13 7TD

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

Delivery Reference DVM151057-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	4	11.80	2.36	56.64
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841533001		0.00	0.00	0.00

Total Net:	47.20
Total Vat:	9.44
Total:	56.64

Banking details  
Bank Barclays Bank PLC  
Sort Code 20-78-42  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKGBB22  
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.