

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

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 | 01685726581 |
| Account | 00003675 |
| Customer Reference | 68049585 |
| Date | 16 Jul 2024 |
| Tracking Number | 1Z9W96386877609354 |
| Priced In | UK Pounds |

Invoice RVM151104-1

Delivery Address
Prince Charles Hospital
555041 Labour Ward
Gurnos Estate
Merthyr Tydfil
CF47 9DT

CIP Carriage and Insurance Paid To Prince Charles Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM151104-1 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 | 5 | 55.30 | 11.06 | 331.80 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386877609354 | | 12.00 | 2.40 | 14.40 |

| | |
|------------|--------|
| Total Net: | 288.50 |
| Total Vat: | 57.70 |
| Total: | 346.20 |

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.