

Invoice Address
Hywel DDA University
Health Board
PO Box 115
Pontypool
NP4 4DL

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	01267235151
Account	00000088
Customer Reference	88037584
Date	06 Aug 2024
Tracking Number	1Z9W96386841026194
Priced In	UK Pounds

Invoice RVM151473-1

Delivery Address
Glangwili General Hospital
Main Stores
Glangwili
Carmarthen
SA31 2AF

CIP Carriage and Insurance Paid To Glangwili General Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM151473-1 Contact emily.morton@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
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841026194		10.00	2.00	12.00

Total Net:	231.20
Total Vat:	46.24
Total:	277.44

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.