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

Supplier Viamed Ltd 15 Station Road Cross Hills Cross Hills
Keighley, West Yorkshire
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VAT Reg No: GB287389593
Company Reg No: 01291765
EORI No: GB287389593000

Procurement Contact Name Contact Tel 02920745270 00000950 Account Customer Reference 726654011 Date 19 Sep 2024

1Z9W96386877928929 Tracking Number

Priced In **UK Pounds**

Delivery Address University Hospital of Wales (722285) UHW Maternity SCBU/NNU 2nd Floor Via Lakeside Stores Heath Park

Cardiff CF14 4XW

Invoice RVM152306-1

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

Delivery Reference DVM152306-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 2	55.30	11.06	132.72
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877928929		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 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.

