

Invoice Address
Aneurin Bevan University Health Board
342049 Accounts Payable OCR ABHB
PO Box 114
Pontypool
NP4 4DJ

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	01633493100
Account	CID19789
Customer Reference	34083581
Date	25 Oct 2024
Tracking Number	1Z9W96386877967119
Priced In	UK Pounds

Invoice RVM153001-1

Delivery Address
Grange University Hospital
324551 GUH Receipts
and Distribution Stores
Llanfrechfa Grange
Cwmbran
NP44 8YN

CIP Carriage and Insurance Paid To Grange University Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM153001-1 Contact kate.griffiths@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	10	55.30	11.06	663.60
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	10	55.30	11.06	663.60
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877967119		12.00	2.40	14.40

Total Net:	1,173.30
Total Vat:	234.66
Total:	1,407.96

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.