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

Supplier Viamed Ltd 15 Station Road Cross Hills 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

**Procurement** Contact Name 01978291100 Contact Tel 00005500 Account Customer Reference 10031948 Date 18 Nov 2024

Tracking Number 1Z9W96386840393067

Priced In **UK Pounds** 

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

## Invoice RVM153437-1

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

## Delivery Reference DVM153437-1 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	6	11.80	2.36	84.96
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840393067		0.00	0.00	0.00

Total Net: 70.80 Total Vat: 14.16 Total: 84.96

Banking details

Barclays Bank PLC Bank 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.