

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

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 Jade Butler
Contact Tel 01978291100
Account 00005500
Customer Reference 10062072
Date 24 Jan 2025
Tracking Number 1Z9W96386877340223
Priced In UK Pounds

Invoice RVM153598-1

Delivery Address
Wrexham Maelor Hospital
Medical Engineering
Croesnewydd Road
Wrexham
LL13 7TD

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

Delivery Reference DVM153598-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1410000 Tariff 90318080-00 CoO U.K.	Foetal Heart Simulator V1000 Serial number: PR03665A14 S/N:PR03729A14	1	659.00	131.80	790.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877340223		12.00	2.40	14.40

Total Net: 671.00
Total Vat: 134.20
Total: 805.20

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.