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

Delivery Address St Cadocs Hospital 326362 STC Receipts and **Distribution Stores** Caerleon Newport NP18 3XQ

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

Contact Name Janette Wratten Contact Tel 014957300877 00000103 Account Customer Reference 34102888 Date 05 Dec 2024

Tracking Number 1Z9W96386877979768

Priced In **UK Pounds**

Invoice RVM153768-1

CIP Carriage and Insurance Paid To St Cadocs Hospital, Uk * Incoterms(r) 2020

Delivery Reference DVM153768-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
2810050 Tariff 90181990-00 CoO China	MD300-C29 OLED Finger Pulse Oximeter	5	14.59	2.92	87.54
	S/N:202569976973-202569976977				
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877979768		0.00	0.00	0.00

Total Net: 72.95 Total Vat: 14.59 Total: 87.54

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.

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