

Invoice Address  
Cwm Taf Morgannwg UHB  
PO Box 111  
Pontypool  
NP4 4DF

Delivery Address  
Prince Charles Hospital  
555042 Special Baby Unit  
Gurnos Estate  
Merthyr Tydfil  
CF47 9DT

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	01685726581
Account	00003675
Customer Reference	68092669
Date	30 Dec 2024
Tracking Number	1Z9W96386840606827
Priced In	UK Pounds

## Invoice RVM154127-1

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

Delivery Reference DVM154127-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	55.30	11.06	132.72
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840606827		12.00	2.40	14.40

Total Net:	233.20
Total Vat:	46.64
Total:	279.84

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.