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

Tracking Number

Samuel Burnett Contact Name 01745583910 Contact Tel 00000580 Account 10055307 **Customer Reference** Date 10 Jan 2025

Priced In **UK Pounds** 

Delivery Address Glan Clwyd Hospital 111738 YGC **EMBE** Department Sarn Lane Bodelwyddan LL18 5ÚJ

## Invoice RVM154318-1

11.2017-0

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

## Delivery Reference DVM154318-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	l otal
0110017 Tariff 901920900 CoO United States	Teledyne Sensor R-17MED	4	50.40	10.08	241.92
	S/N:203911-203914				
0110047 Tariff 9019209000 CoO Germany	Viamed Oxygen Sensor R-47V	1	75.00	15.00	90.00
,	S/N:V107588				
PPUPS1	UPS Courier Delivery - Standard		0.00	0.00	0.00
	AWB:1Z9W96386877713679				

Total Net: 276.60 Total Vat: 55.32

1Z9W96386877713679

Total: 331.92

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number IBAN

BIC BUKBGB22 Terms & conditions https://www.viamed.co.uk/terms

GB05BUKB20784200906662

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.

