

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 30 Jan 2025
Priced In UK Pounds

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

Invoice RVM154707-1

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

Delivery Reference DVM154707-1 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 Goods already supplied on Sale or Return S/N:PR03665A14 (unit already in hospital)	1	659.00	131.80	790.80
PPUPS1	UPS Courier Delivery - Standard		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 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.