

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 | Procurement |
| Contact Tel | 01978291100 |
| Account | 00005500 |
| Customer Reference | 10080711 |
| Date | 11 Mar 2025 |
| Tracking Number | 1Z9W96386876247854 |
| Priced In | UK Pounds |

Invoice RVM155465-1

Delivery Address
Wrexham Maelor Hospital
YMW Childrens Ward
Croesnewydd Road
Wrexham
LL13 7TD

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

Delivery Reference DVM155465-1 Contact aqib.majeed@viamed.co.uk

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|----------------------------------------------------|-----------------------------------------------------------|----------|-------|----------|-------|
| 0021013 Tariff 90181990-00 CoO United States | Posey Sensor Wraps Model 6554 Box of 12 | 4 | 12.10 | 2.42 | 58.08 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386876247854 | | 0.00 | 0.00 | 0.00 |

| | |
|------------|-------|
| Total Net: | 48.40 |
| Total Vat: | 9.68 |
| Total: | 58.08 |

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.