Invoice Address Hywel DDA University Health Board PO Box 115 **Pontypool** NP4 4DL

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 Contact Tel Account Customer Reference Date

01267235151 00000088 88098695 02 May 2025

Procurement

Tracking Number

1Z9W96386841665119

Priced In **UK Pounds**

Delivery Address Glangwili General Hospital Main Stores Glangwili Carmarthen **SA31 2AF**

Invoice RVM156579-1

CIP Carriage and Insurance Paid To Glangwili General Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM156579-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 5	56.70	11.34	340.20
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841665119		12.00	2.40	14.40

Total Net: 352.20 Total Vat: 70.44 Total: 422.64

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.