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

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

**Procurement** Contact Name Contact Tel 01685726581 00003675 Account Customer Reference 68127509 Date

12 May 2025 Tracking Number 1Z9W96386841308835

Priced In **UK Pounds** 

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

## Invoice RVM156686-1

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

## Delivery Reference DVM156686-1 Contact emily.morton@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 2	56.70	11.34	136.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841308835		10.00	2.00	12.00

Total Net: 123.40 Total Vat: 24.68

Total: 148.08

Banking details

Barclays Bank PLC Bank 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.