

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

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
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Fax: +44 (0) 1535 635582
Email: info@viamed.co.uk
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Company Reg No: 01291765
EORI No: GB287389593000



Contact Name Procurement
Contact Tel 01656752752
Account 00004195
Customer Reference 68130869
Date 22 May 2025
Tracking Number 1Z9W96386876031327
Priced In UK Pounds

Delivery Address
Princess of Wales Hospital
533147 Special Care Baby Unit
Coity Road
Bridgend
CF31 1RQ

Invoice RVM156895-1

CIP Carriage and Insurance Paid To Princess Of Wales Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM156895-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	1	56.70	11.34	68.04
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	56.70	11.34	68.04
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876031327		10.00	2.00	12.00

Total Net: 180.10
Total Vat: 36.02
Total: 216.12

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.