

Invoice Address
Betsi Cadwaladr University Health Board
PO Box 117
Pontypool
NP4 4DP

Supplier
Viamed Ltd
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Cross Hills
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Company Reg No: 01291765
EORI No: GB287389593000



Contact Name	Procurement
Contact Tel	01978291100
Account	00005500
Customer Reference	10133877
Date	03 Jul 2025
Tracking Number	1Z9W96386878239350
Priced In	UK Pounds

Invoice RVM157642-1

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 DVM157642-1 Contact kate.griffiths@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	2	13.15	2.63	31.56
PPUPS1	UPS Courier Delivery - Standard AWB:1z9w96386878239350		0.00	0.00	0.00

Total Net:	26.30
Total Vat:	5.26
Total:	31.56

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.