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



Emily Thomas Contact Name Contact Tel Account Customer Reference Date

01267235151 00001000 88114460 10 Jul 2025

Tracking Number

1Z9W96386876223665

Priced In **UK Pounds**

Delivery Address West Wales General Hospital 220599 Clinical Engineering Dolgwili Road Carmarthen **SA31 2AF**

Invoice RVM157819-1

CIP Carriage and Insurance Paid To West Wales General Hosp, UK * Incoterms(r) 2020

Delivery Reference DVM157819-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1410000 Tariff 90318080-00 CoO U.K.	Foetal Heart Simulator V1000	1	676.20	135.24	811.44
	S/N:PR03782A13				
0013110 Tariff 90319000-00 CoO United Kingdom PPUPS1	Carrying Case for Foetal Heart Simulator V1000) 1	51.30	10.26	61.56
	UPS Courier Delivery - Standard AWB:1Z9W96386876223665		12.00	2.40	14.40

Total Net: 739.50 Total Vat: 147.90 Total: 887.40

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

IBAN BIC BUKBGB22
Terms & conditions https://www.viamed.co.uk/terms

GB05BUKB20784200906662

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.

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