Invoice Address Aneurin Bevan University Health Board 342049 Accounts Payable OCR ABHB PO Box 114 **Pontypool** NP4 4DJ

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 Company Reg No: 01291765 EORI No: GB287389593000

Supplier Viamed Ltd 15 Station Road

Procurement Contact Name Contact Tel 01633493100 CID19789 Account Customer Reference 34194556 Date 11 Jul 2025

Tracking Number 1Z9W96386876536390

Priced In **UK Pounds**

Delivery Address Grange University Hospital 324551 R and D Stores Llanfrechfa Grange Cwmbran NP44 8YN

Invoice RVM157843-1

CIP Carriage and Insurance Paid To Grange University Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM157843-1 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 2	56.70	11.34	136.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876536390		10.00	2.00	12.00

Total Net: 123.40 Total Vat: 24.68 Total: 148.08

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.