Invoice Address Swansea Bay Uni. Health Board **NWSSP - Account Payable** P O Box 113 **Pontypool** NP4 4DH

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

Contact Name Contact Tel Account Customer Reference Date

Procurement 02921500696 00012163 92621344 27 Aug 2025

Tracking Number

1Z9W96386877914578

Priced In **UK Pounds**

Delivery Address
Neath Port Talbot Hospital Receipt and Distribution Point Baglan Way Port Talbot SA12 7BX

Invoice RVM158667-1

CIP Carriage and Insurance Paid To Neath Port Talbot Hosp, UK * Incoterms(r) 2020

Delivery Reference DVM158667-1 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	8	12.10	2.42	116.16
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877914578		0.00	0.00	0.00

Total Net: 96.80 Total Vat: 19.36

Total: 116.16

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.

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