

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

Supplier
Viamed Ltd
15 Station Road
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 Gemma Gibson
Contact Tel 01745583910
Account 00000580
Customer Reference 10161196
Date 03 Sep 2025
Tracking Number 1z9w96386878894615
Priced In UK Pounds

Invoice RVM158728-1

Delivery Address
Glan Clwyd Hospital
111869 YGC
General Stores
Sarn Lane
Bodelwyddan
LL18 5UJ

CIP Carriage and Insurance Paid To Glan Clwyd Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM158728-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	56.70	11.34	136.08
PPUPS1	UPS Courier Delivery - Standard AWB:1z9w96386878894615		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
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGB22
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.