

Invoice Address
Cwm Taf Morgannwg UHB
PO Box 111
Pontypool
NP4 4DF

Delivery Address
Prince Charles Hospital
555041 Labour Ward
Gurnos Estate
Merthyr Tydfil
CF47 9DT

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	Procurement
Contact Tel	01685726581
Account	00003675
Customer Reference	68159279
Date	04 Sep 2025
Tracking Number	1Z9W96386877725406
Priced In	UK Pounds

Invoice RVM158851-1

CIP Carriage and Insurance Paid To Prince Charles Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM158851-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	4	56.70	11.34	272.16
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	4	56.70	11.34	272.16
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877725406		12.00	2.40	14.40

Total Net:	465.60
Total Vat:	93.12
Total:	558.72

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.