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

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

**Procurement** Contact Name Contact Tel 01685726581 00003675 Account Customer Reference 68159893 Date 08 Sep 2025

1Z9W96386842674072 **Tracking Number** 

Priced In **UK Pounds** 

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

## Invoice RVM158882-1

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

## Delivery Reference DVM158882-1 Contact sophie.lines@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	5	12.10	2.42	72.60
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842674072		0.00	0.00	0.00

**Total Net:** 60.50 Total Vat: 12.10

Total: 72.60

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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