Invoice Address Cardiff and Vale UHB PO Box 110 **Pontypool** NP4 4DE

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 **Procurement** 02920745270 00000950 726799960 26 Sep 2025

Date **Tracking Number**

1Z9W96386876589664

Priced In **UK Pounds**

Delivery Address University Hospital of Wales (722285) UHW Maternity SCBU/NNU 2nd Floor Via Lakeside Stores Heath Park Cardiff CF14 4XW

Invoice RVM159230-1

CIP Carriage and Insurance Paid To Univ. Hospital Of Wales, UK * Incoterms(r) 2020

Delivery Reference DVM159230-1 Contact kate.griffiths@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	ılar 2	56.70	11.34	136.08
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	nie 2	56.70	11.34	136.08
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	2	56.70	11.34	136.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876589664		12.00	2.40	14.40

Total Net: 352.20 Total Vat: 70.44 Total: 422.64

Banking details Bank Sort Code

Barclays Bank PLC 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.