**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
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Fax: +44 (0) 1535 635582
Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765
EORI No: GB287389593000

Shane Tucker Contact Name 02921501571 Contact Tel 00000950 Account 726813459 **Customer Reference** Date 30 Oct 2025

**Tracking Number** 1Z9W96386878401370

Priced In **UK Pounds** 

**Delivery Address** University Hospital of Wales (722285) Maternity SCBU/NNU - 2nd FI Via Lakéside Storés Heath Park Cardiff CF14 4XW

## Invoice RVM159846-1

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

## Delivery Reference DVM159846-1 Contact sophie.lines@viamed.co.uk

| Item Reference                                     | Description   | Quantity | Unit  | Unit Vat | Total  |
|--|---|----------|-------|----------|--------|
| 0021013<br>Tariff 90181990-00<br>CoO United States | Posey Sensor Wraps Model 6554<br>Box of 12                | 16       | 11.75 | 2.35     | 225.60 |
| PPUPS1   | UPS Courier Delivery - Standard<br>AWB:1Z9W96386878401370 |          | 0.00  | 0.00     | 0.00   |

**Total Net:** 188.00 Total Vat: 37.60 Total: 225.60

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.

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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