

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

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	68179952
Date	14 Nov 2025
Tracking Number	1Z9W96386876168225
Priced In	UK Pounds

## Invoice RVM160147-1

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

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

Delivery Reference DVM160147-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
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:1Z9W96386876168225		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.