Invoice Address Aneurin Bevan University Health Board 342049 Accounts Payable OCR ABHB PO Box 114 **Pontypool** NP4 4DJ

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 Company Reg No: 01291765 EORI No: GB287389593000

Supplier Viamed Ltd 15 Station Road

Cross Hills

Womens Health Contact Name Contact Tel 01633493100 CID19789 Account Customer Reference 34252752

Date 28 Nov 2025

Tracking Number 1Z9W96386877129524

Priced In **UK Pounds**

Delivery Address Grange University Hospital 324551 R and D Stores Llanfrechfa Grange Cwmbran NP44 8YN

Invoice RVM160410-1

CIP Carriage and Insurance Paid To Grange University Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM160410-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877129524		8.00	1.60	9.60

Total Net: 64.70 Total Vat: 12.94 Total: 77.64

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

IBAN GB05BUKB20784200906662 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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