

Invoice Address
 Betsi Cadwaladr University Health Board
 PO Box 117
 Pontypool
 NP4 4DP

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 **Samantha Burt**
 Contact Tel **01745583910**
 Account **00000580**
 Customer Reference **10209344**
 Date **05 Jan 2026**
 Tracking Number **1Z9W96386841722146**
 Priced In **UK Pounds**

Invoice RVM160565-1

Delivery Address
 Glan Clwyd Hospital
 111738 YGC
 EMBE Department
 Sarn Lane
 Bodelwyddan
 LL18 5UJ

CIP Carriage and Insurance Paid To Glan Clwyd Hospital, UK * Incoterms(r) 2020

Delivery Reference **DVM160565-1** Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110047 Tariff 9019209000 CoO Germany	Viamed Oxygen Sensor R-47V S/N:V108385	1	77.00	15.40	92.40
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841722146		0.00	0.00	0.00

Total Net: **77.00**
 Total Vat: **15.40**
 Total: **92.40**

Banking details
 Bank **Barclays Bank PLC**
 Sort Code **20-78-42**
 Account Number **00906662**
 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 full has been received.