

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 10209409
Date 05 Jan 2026
Tracking Number 1Z9W96386841189956
Priced In UK Pounds

Invoice RVM160568-1

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 DVM160568-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110503 Tariff 90271010 CoO United Kingdom	Oxygen Sensor MOX3 MediceL Ref. AA829-M10	2	68.00	13.60	163.20
	S/N:1652416429-1652416430				
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841189956		0.00	0.00	0.00

Total Net: 136.00
Total Vat: 27.20
Total: 163.20

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGBB22
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.