



## 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	0.00

Total Net: 136.00  
Total Vat: 27.20  
Total: 163.20

### Banking details

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 payment in full has been received.