

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	Procurement
Contact Tel	01745448471
Account	00000233
Customer Reference	10210128
Date	06 Jan 2026
Tracking Number	1Z9W96386876052322
Priced In	UK Pounds

Invoice RVM160596-1

Delivery Address
Ysbyty Gwynedd
(419999) YG Central Stores
Penrhosgarnedd
Bangor
LL57 2PW

CIP Carriage and Insurance Paid To Ysbyty Gwynedd, UK * Incoterms(r) 2020

Delivery Reference DVM160596-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	56.70	11.34	136.08
PPUPPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876052322	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 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.