

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 01978291100  
Account 00005500  
Customer Reference 10265107  
Date 14 Apr 2026  
Tracking Number 1Z9W96386842758491  
Priced In UK Pounds

## Invoice RVM162913-1

Delivery Address  
Wrexham Maelor Hospital  
Parcel Receiving Office  
Croesnewydd Road  
Wrexham  
LL13 7TD

CIP Carriage and Insurance Paid To Wrexham Maelor Hospital, UK \* Incoterms 2020

Delivery Reference DVM162913-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	12	11.75	2.35	169.20
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842758491		0.00	0.00	0.00

Total Net: 141.00  
Total Vat: 28.20  
Total: 169.20

Banking details  
Bank Barclays Bank PLC  
Sort Code 20-78-42  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKGB22  
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.