

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
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 Company Reg No: 01291765
 EORI No: GB287389593000



Contact Name Procurement
 Contact Tel 01978291100
 Account 00005500
 Customer Reference 10265332
 Date 15 Apr 2026
 Tracking Number 1Z9W96386878890557
 Priced In UK Pounds

Invoice RVM162922-1

Delivery Address
 Wrexham Maelor Hospital
 YMW Childrens Ward
 Croesnewydd Road
 Wrexham
 LL13 7TD

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

Delivery Reference DVM162922-1 Contact kate.griffiths@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	3	12.10	2.42	43.56
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878890557		0.00	0.00	0.00

Total Net: 36.30
 Total Vat: 7.26
 Total: 43.56

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.