

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 Mathew Payne  
Contact Tel 02921501053  
Account 00000580  
Customer Reference 10284629  
Date 22 May 2026  
Tracking Number 1Z9W96386878543548  
Priced In UK Pounds

## Invoice RVM163680-1

Delivery Address  
Glan Clwyd Hospital  
111869 YGC  
General Stores  
Sarn Lane  
Bodelwyddan  
LL18 5UJ

CIP Carriage and Insurance Paid To Glan Clwyd Hospital, UK \* Incoterms 2020

Delivery Reference DVM163680-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	58.90	11.78	70.68
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878543548		8.00	1.60	9.60

Total Net: 66.90  
Total Vat: 13.38  
Total: 80.28

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.