Invoice Address
Cwm Taf Morgannwg UHB
PO Box 111
Pontypool
NP4 4DF

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	01685726581
Account	00003675
Customer Reference	68239500
Date	18 Jun 2026
Tracking Number	1Z9W96386876055436
Priced In	UK Pounds

Delivery Address
Prince Charles Hospital
555041 Labour Ward
Gurnos Estate
Merthyr Tydfil
CF47 9DT

Invoice RVM164232-1

CIP Carriage and Insurance Paid To Prince Charles Hospital, UK * Incoterms 2020

Delivery Reference DVM164232-1 Contact aqib.majeed@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	2	58.90	11.78	141.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876055436		10.00	2.00	12.00

Total Net:	127.80
Total Vat:	25.56
Total:	153.36

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.