

Invoice Address
Aneurin Bevan University Health Board
342049 Accounts Payable OCR ABHB
PO Box 114
Pontypool
NP4 4DJ

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	01633493100
Account	CID19789
Customer Reference	33976778
Date	26 Jan 2024
Tracking Number	1Z9W96386842253142
Priced In	UK Pounds

Delivery Address
Grange University Hospital
324551 Receipt and Distribution Stores
Llanfrechfa Grange
Cwmbran
NP44 8YN

Invoice RVM147918-1

CIP Carriage and Insurance Paid To Grange University Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM147918-1 Contact janine.gill@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842253142		8.00	1.60	9.60

Total Net:	63.30
Total Vat:	12.66
Total:	75.96

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.