Invoice Address Swansea Bay Uni. Health Board **NWSSP - Account Payable** P O Box 113 **Pontypool** NP4 4DH

Supplier Viamed Ltd 15 Station Road Cross Hills 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 Company Reg No: 01291765 EORI No: GB287389593000

Delivery Address Port Talbot Resource Centre Locality Office 2nd Floor

Moor Road Port Talbot

SA12 7BJ

Paul Taylor Contact Name 01639862000 Contact Tel 00012163 Account 92474312 Customer Reference Date 14 Jun 2024

Tracking Number 1Z9W96386842548306

Priced In **UK Pounds**

Invoice RVM150532-1

CIP Carriage and Insurance Paid To Neath Port Talbot Hosp, UK * Incoterms(r) 2020

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|--|--|----------|-------|----------|--------|
| 2810046 Tariff 90181990-00 CoO China | MD300-C15D - Green Finger Pulse Oximeter | 20 | 15.30 | 3.06 | 367.20 |
| | S/N:202958601897-202958601916 | | | | |
| PPUPS1 | UPS Courier Delivery - Standard | | 0.00 | 0.00 | 0.00 |
| | AWB:1Z9W96386842548306 | | | | |

Delivery Reference DVM150532-1 Contact kate.griffiths@viamed.co.uk

Total Net: 306.00 Total Vat: 61.20 Total: 367.20

Banking details

Barclays Bank PLC Bank Sort Code 20-78-42 00906662 Account Number

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.