

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](mailto:info@viamed.co.uk)  
VAT Reg No: GB287389593  
Company Reg No: 01291765  
EORI No: GB287389593000



Contact Name	Procurement
Contact Tel	01745448471
Account	00000233
Customer Reference	10196530
Date	06 Jan 2026
Tracking Number	1Z9W96386878841109
Priced In	UK Pounds

Invoice RVM160061-1

Delivery Address  
Ysbyty Gwynedd  
(419999) YG Central Stores  
Penrhosgarnedd  
Bangor  
LL57 2PW

CIP Carriage and Insurance Paid To Ysbyty Gwynedd, UK \* Incoterms(r) 2020

Delivery Reference DVM160061-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	56.70	11.34	68.04
PPUPPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878841109	8.00	1.60		9.60
				Total Net:	64.70
				Total Vat:	12.94
				Total:	77.64

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.