

Invoice Address  
Aneurin Bevan University Health Board  
342049 Accounts Payable OCR ABHB  
P O BOX 114  
Pontypool  
NP4 4DJ

Delivery Address  
St Woolos Hospital  
321166 STW EBME Department  
Stow Hill  
Newport  
NP20 4SZ

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 Adele King  
Contact Tel 01873732734  
Account 00003836  
Customer Reference 34247320  
Date 14 Nov 2025  
Tracking Number 1Z9W96386840264394  
Priced In UK Pounds

## Invoice RVM160160-1

CIP Carriage and Insurance Paid To St Woolos Hospital \* Incoterms(r) 2020

Delivery Reference DVM160160-1 Contact kate.griffiths@viamed.co.uk

| Item Reference                              | Description   | Quantity | Unit   | Unit Vat | Total  |
|---|---|----------|--------|----------|--------|
| 0014650<br>Tariff 9018199000<br>CoO Germany | Pulse Oximetry Finger Sensor<br>Viamed Adult SF6500<br>For use with VM-2160 and VM-2500<br>Cable Length: 1.2m | 1        | 143.90 | 28.78    | 172.68 |
| PPUPS1                                      | S/N:ESHK00895<br>UPS Courier Delivery - Standard<br>AWB:1Z9W96386840264394                                    |          | 0.00   | 0.00     | 0.00   |

Total Net: 143.90  
Total Vat: 28.78  
Total: 172.68

Banking details  
Bank Barclays Bank PLC  
Sort Code 20-78-42  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKGBB22  
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.