2 gethe support

## **PURCHASE ORDER NUMBER: 40034884**

Please quote this reference on all correspondence

## Emailed To: orders@viamed.co.uk

VIAMED LTD
15 STATION ROAD
CROSS HILLS
KEIGHLEY
W YORKS
BD20 7DT

		l
Order Date	30/11/2022	
Cost Centre		
Requisition Number	801516	
Requisition Point	3116 - WHH PADUA WARD MM**	
	Cost Centre Requisition Number	Cost Centre Requisition Number 801516

## **Delivery Address:**

MAIN STORES
WILLIAM HARVEY HOSPITAL
KENNINGTON ROAD

ASHFORD
KENT
TN24 OLZ

## Invoice To:

2GETHER SUPPORT SOLUTIONS LTD
PAYMENTS DEPARTMENT
TRUST OFFICES
KENT & CANTERBURY HOSPITAL
ETHELBERT ROAD
CANTERBURY, KENT
CT1 3NG

Email: ekfc.payables-2ss@nhs.net

Your Reference:

If you have any queries regarding the prices quoted, please contact Procurement on Tel.  $01233\ 651957$ .

Failure to invoice agreed or contract prices may result in delayed payment

DESCRIPTION	MPC	QUANTITY	UNIT	PRICE	DISC %	AMOUNT
MASK EYE PHOTOTHERAPY BLUE	1114005	1	PACK 20	48.00		48.00
MASK EYE PHOTOTHERAPY ORANG	1114006	1	PACK 20	48.00		48.00

Signed:

( lynn

Managing Director

Order Total (ex VAT) 96.00

VAT Total 19.20

Order Grand Total 115.20