VAT No. GB 297 8726 29



COPY PURCHASE ORDER NUMBER: 40035383

Please quote this reference on all correspondence

Emailed To: orders@viamed.co.uk

VIAME 15 STA CROSS	TION ROAD		
KEIGHL W YOR BD20 7	KS		

Order Date Cost Centre	07/12/2022
Requisition Number	806545
Requisition Point	3110 - WHH NEONATAL INTENSIVE CARE UNIT MM

Delivery Address:

MAIN STORES
WILLIAM HARVEY HOSPITAL
KENNINGTON ROAD

ASHFORD
KENT
TN24 0LZ

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	46.00		46.00
MASK EYE PHOTOTHERAPY GREEN	1114007	1	PACK 20	48.00		48.00

Signed:

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Managing Director

Order Total (ex VAT) 142.00

VAT Total 28.40

Order Grand Total 170.40