

PURCHASE ORDER NUMBER: 40046777

Please quote this reference on all correspondence

Emailed To: orders@viamed.co.uk

1	
	VIAMED LTD
	15 STATION ROAD
	CROSS HILLS
	KEIGHLEY
	W YORKS
	BD20 7DT
- 1	

Order Date Cost Centr Requisition Requisition	re n Number	02/08/2023 941446 3210 - WHH FOLKESTONE F WARD	ММ

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

Signed:

(lynn

Managing Director

Order Total (ex VAT) 48.00

VAT Total 9.60

Order Grand Total 57.60