VAT No. GB 297 8726 29



PURCHASE ORDER NUMBER: 40048054

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

Order Date Cost Centre Requisition Number	04/09/2023 957581
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	55.30		55.30
MASK EYE PHOTOTHERAPY GREEN	1114007	1	PACK 20	55.30		55.30

Signed:

(lynn

Managing Director

Order Total (ex VAT) 110.60

VAT Total 22.12

Order Grand Total 132.72