

COPY PURCHASE ORDER NUMBER: 40050069

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	23/10/2023
	984970
Requisition Number	304370
Requisition Point	3110 - WHH NEONATAL INTENSIVE CARE UNIT MM

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 ORANG	1114006	1	PACK 20	55.30		55.30

Signed:

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Managing Director

Order Total (ex VAT) 55.30
VAT Total 11.06
Order Grand Total 66.36