**VAT No.** GB 297 8726 29



## **PURCHASE ORDER NUMBER: 40062157**

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	19/08/2024
Cost Centre	
Requisition Number	145057
Requisition Point	3210 - WHH FOLKESTONE F WARD 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

		•		<u> </u>		
DESCRIPTION	MPC	QUANTITY	UNIT	PRICE	DISC %	AMOUNT
MASK EYE PHOTOTHERAPY ORANG	1114006	1	PACK 20	55.30		55.30

Signed:

Managing Director

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