**VAT No.** GB 297 8726 29



## **PURCHASE ORDER NUMBER: 40072869**

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	16/05/2025
Requisition Number	   279575
requisition (variable)	
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	МРС	QUANTITY	UNIT	PRICE	DISC %	AMOUNT
MASK EYE PHOTOTHERAPY BLUE	1114005	1	PACK 20	56.70		56.70

Signed:

( lyly)

Managing Director

Order Total (ex VAT) 56.70

VAT Total 11.34

Order Grand Total 68.04