

PURCHASE ORDER NUMBER: 40080670

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 Requisition Point	03/12/2025 367032 3110 - WHH NEONATAL INTENSIVE CARE UNIT MM
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Delivery Address:

MAIN STORES WILLIAM HARVEY HOSPITAL KENNINGTON ROAD ASHFORD KENT TN24 0LZ	2GETHER SUPPORT SOLUTIONS LTD PAYMENTS DEPARTMENT TRUST OFFICES KENT & CANTERBURY HOSPITAL ETHELBERT ROAD CANTERBURY, KENT CT1 3NG
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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	56.70		56.70

Signed:



Managing Director

Order Total (ex VAT)	56.70
VAT Total	11.34
Order Grand Total	68.04

For NHS Terms & Conditions, please visit:

<https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>