

**PURCHASE ORDER NUMBER: 40084019**

Please quote this reference on all correspondence

Emailed To: [orders@viamed.co.uk](mailto:orders@viamed.co.uk)

VIAMED LTD  
 15 STATION ROAD  
 CROSS HILLS  
 KEIGHLEY  
 W YORKS  
 BD20 7DT

Order Date	09/03/2026
Cost Centre	
Requisition Number	403863
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  
 ETHELBERG 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	56.70		56.70

Signed:



Managing Director

Order Total (ex VAT)	<b>56.70</b>
VAT Total	<b>11.34</b>
Order Grand Total	<b>68.04</b>

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>