

PURCHASE ORDER NUMBER: 40084212

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	13/03/2026
Cost Centre	
Requisition Number	406283
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 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>