

PURCHASE ORDER NUMBER: 91044959

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	16/09/2020
Requisition Point	
Cost Centre	
Requisition Number	257478
Requisition Point	3110 - WHH NEONATAL INTENSIVE CARE UNIT MM
	Requisition Point Cost Centre Requisition Number

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	NSV CODE	QUANTITY	UNIT	PRICE	DISC %	AMOUNT
1114005 MASK EYE PHOTOTHERAPY BLUE REGULAR SIZE 32-38CM	IVE014005	1	PKT X 20	42.50		42.50
1114006 MASK EYE PHOTOTHERAPY ORANG PREMIE SIZE 26-32CM	IVE014006	1	PKT X 20	40.75		40.75
1114007 MASK EYE PHOTOTHERAPY GREEN MICRO SIZE 20-26CM	IVE014007	1	PKT X 20	36.75		36.75



Order Total (ex VAT)	120.00
VAT Total	24.00
Order Grand Total	144.00