PURCHASE ORDER NUMBER: 91045547

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	28/09/2020
Requisition Point	
Cost Centre	
Requisition Number	265348
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
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**

Signed:

Managing Director

Order Total (ex VAT)	**42.50**
VAT Total	**8.50**
Order Grand Total	**51.00**

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