

**PURCHASE ORDER NUMBER: 4000024**

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	12/04/2021
Requisition Point	
Cost Centre	
Requisition Number	391965
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	MPC	QUANTITY	UNIT	PRICE	DISC %	AMOUNT
MASK EYE PHOTOTHERAPY ORANG	1114006	1	PACK 20	40.75		40.75

Signed:  Managing Director

Order Total (ex VAT)	<b>40.75</b>
VAT Total	<b>8.15</b>
Order Grand Total	<b>48.90</b>