2gether support solutions

PURCHASE ORDER NUMBER: 40003991

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	14/06/2021
Cost Centre	
Requisition Number	437285
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 BLUE	**1114005**	**1**	**PACK 20**	**42.50**		**42.50**
MASK EYE PHOTOTHERAPY ORANG	**1114006**	**1**	**PACK 20**	**40.75**		**40.75**
MASK EYE PHOTOTHERAPY GREEN	**1114007**	**1**	**PACK 20**	**36.75**		**36.75**

Signed: Managing Director

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

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