

PURCHASE ORDER NUMBER: 40008620

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 Cost Centre	23/08/2021
Requisition Number	485319
Requisition Point	3110 - WHH NEONATAL INTENSIVE CARE UNIT MM

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	МРС	QUANTITY	UNIT	PRICE	DISC %	AMOUNT
MASK EYE PHOTOTHERAPY GREEN	1114007	1	PACK 20	36.75		36.75

Signed.

Managing Directo

Order Total (ex VAT) 36.75

VAT Total 7.35

Order Grand Total 44.10