

PURCHASE ORDER NUMBER: 40014231

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	15/11/2021
Cost Centre	
Requisition Number	543105
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	41.90		41.90
MASK EYE PHOTOTHERAPY GREEN	1114007	1	PACK 20	37.80		37.80

Signed.

Managi

Order Total (ex VAT) 79.70
VAT Total 15.94
Order Grand Total 95.64