

PURCHASE ORDER NUMBER: 40016238

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	13/12/2021
Requisition Number	564246
Requisition Point	3116 - WHH PADUA WARD 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 BLUE	1114005	1	PACK 20	43.77		43.77

Signed.

Order Total (ex VAT) 43.77

VAT Total 8.75

Order Grand Total 52.52