PURCHASE ORDER NUMBER: 40021190

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	16/03/2022
Cost Centre	
Requisition Number	620836
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**	**43.77**		**43.77**
MASK EYE PHOTOTHERAPY ORANG	**1114006**	**1**	**PACK 20**	**41.90**		**41.90**

Signed: Temporary Managing Director

Order Total (ex VAT)	**85.67**
VAT Total	**17.13**
Order Grand Total	**102.80**

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