

## **PURCHASE ORDER NUMBER: 40026313**

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	20/06/2022
Cost Centre	
Requisition Number	685428
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	МРС	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
MASK EYE PHOTOTHERAPY GREEN	1114007	1	PACK 20	37.80		37.80

Signed:

(, lynn

Managing Director

Order Total (ex VAT) 123.47

VAT Total 24.69

Order Grand Total 148.16