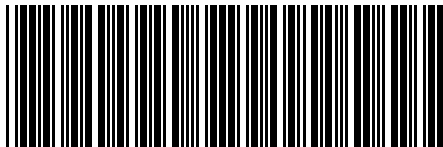




570 Enterprise Dr.
Neenah, WI 54956
Telephone: 1.800.328.2139 Fax: 1.800.328.0629



Customer PO#:

PVM2877

Warehouse No: 08

Date Required: 12-22-22

Date Entered: 12-14-22

Date Shipped: 01-11-23

Carrier: UWE

Freight: COL

Order No: **1685789 00**
LKIMBALL

Ship To: VIAMED LTD 15 STATION RD CROSS HILLS KEIGHLEY WEST YORKSHIRE FN Y08 5					
Product	Product Description	UOM	Ordered	Shipped	B/O
6554	POSEY OXIMETER PROBE WRAP	DZ	1440	1440	0
	Total Pieces:		1440	1440	0
	LAST PAGE OF PACKING LIST 1685789 00				

TIDI INVOICE ADJUSTMENT POLICY

1. Buyer must refuse all damaged product or product shipped in error at time of receiving shipment.
2. Buyer must note all damages and other discrepancies on signed delivery receipt.
3. Buyer must report all receiving discrepancies to TIDI Customer Service department within 72 hours of delivery date.