

## Revised Purchase order

Vendor Address	Information
Viamed Ltd 15 Station Road Crosshills Keighley West Yorkshire BD20 7DT	<b>PO Number</b> 4500490568/1 <b>Date</b> 12.07.2024 <b>Vendor No</b> 44228 <b>Contact Name</b> Mandy Marquis <b>Email</b> Mandy.Marquis@gov.gg <b>Phone</b>
<b>Invoice To:</b> States of Guernsey, Customer Accounts Edward T Wheadon House Le Truchot St.Peter Port,Guernsey GY1 3WH Email: Payables@gov.gg	<b>Delivery To:</b>
	Payment Terms
	30 Days from Point of Invoice

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Item	Material/Description	Delivery Date	Qty/Unit	Price	Net Amount
0001	RMA SRS68846 INFANT RESUSCITATOR MODEL NO. TOM THUMB SERIAL NO. 0401051 REASON FOR SENDING: SERVICE £545 FOR INSURANCE PURPOSES RMA SRS68846 <b>Deliver po :</b> HSC - EBME Department Health and Social Care King Edward VII La Rue De La Perruque Castel Guernsey GY5 7NU	26.07.2024	1/EA	90.00	90.00
0002	CARRIAGE <b>Deliver po :</b> HSC - EBME Department Health and Social Care King Edward VII La Rue De La Perruque Castel Guernsey GY5 7NU	26.07.2024	1/EA	21.53	21.53
				<b>Total £</b>	111.53

## INFORMATION NOTE TO VENDORS:

Unless (i) the Vendor and the States of Guernsey have entered into a written contract which governs the subject matter of this Purchase Order, and / or (ii) stated otherwise in this Purchase Order above, then this Purchase Order is subject to the States of Guernsey's Standard Terms and Conditions of Purchase. The terms and conditions can be found at [www.gov.gg/procurement](http://www.gov.gg/procurement)