

Purchase Order

Vendor Address

Viamed Ltd
15 Station Road
Crosshills
Keighley
West Yorkshire
BD20 7DT

Information

PO Number 4500521462/0
Date 29.10.2025
Vendor No 44228
Contact Name Mandy M J Marquis
Email Mandy.Marquis@gov.gg
Phone

Invoice To:

States of Guernsey,
Customer Accounts
Edward T Wheadon House
Le Truchot
St.Peter Port,Guernsey
GY1 3WH
Email: Payables@gov.gg

Delivery To:

HSC - EBME Department
Health and Social Care
King Edward VII
La Rue De La Perruque
Castel
Guernsey
GY5 7NU

Payment Terms

30 Days from Point of Invoice

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Item	Material/Description	Delivery Date	Qty/Unit	Price	Net Amount
0001	RETURNS NO. SRS69282 INFANT RESUSCITATOR MODEL NO. TOM THUMB SERIAL NO. 0401051 REASON FOR SENDING: SERVICE £545 FOR INSURANCE PURPOSES RETURNS NUMBER SRS69282		1 EA		
				Total £	0.00

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