

Revised Purchase order

Vendor Address	Information
Viamed Ltd 15 Station Road Crosshills Keighley West Yorkshire BD20 7DT	PO Number 4500521462/1 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:
	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 QUOTE NO. QVM 159943 INFANT RESUSCITATOR MODEL NO. TOM THUMB SERIAL NO. 0401051 REASON FOR SENDING: SERVICE £545 FOR INSURANCE PURPOSES RETURNS NUMBER SRS69282 Deliver po : HSC - EBME Department Health and Social Care King Edward VII La Rue De La Perruque Castel Guernsey GY5 7NU	12.11.2025	1/EA	95.00	95.00
0002	CARRIAGE Deliver po : HSC - EBME Department Health and Social Care King Edward VII La Rue De La Perruque Castel Guernsey GY5 7NU	12.11.2025	1/EA	22.46	22.46
				Total £	117.46

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