



1097743

Isle of Man Government
Reillys Eilan Vannin

OFFICIAL ORDER FORM
Ferry-Oardrail Oikoil

Supplier:

Name: *Via med*
Address:
Post Code: E-mail:

Delivery Address:

Name: *Barry Martin*
Address: *EBME Department
Nobles Hospital
Strang
Braddan
Isle of Man
IM4 4RJ* Post Code:
E-mail: *BARRY.MARTIN@gov.im*

Invoice Address:

Name: *Department of Infrastructure
Public Estates and Housing Division*
Address: *Hills Meadow
Peel Road
Douglas* Post Code:
E-mail: *ESS.Helpdesk.DOI*

Please supply the under mentioned goods or services:

00M111 Oxygen Sensor
[Large signature]

QTY	Unit Price	Total Price	Item Code	Cost Centre
<i>3</i>	<i>73.90</i>	<i>221.70</i>		
	Carriage			
	Discount			
	Order TOTAL (excl. VAT)	<i>£ 221.70</i>		<i>p + carriage</i>

02-08-1403-013

Date: *10/4/2026*
FO MY LAUE Signature: *Barry Martin*
Print Name: *Barry Martin*
STAYD OKOIL/Grade: *EBME Supervisor*

To secure prompt payment these instructions should be carefully followed:

- (i) Quote the above Order Form number on your Invoice
- (ii) Send a separate invoice for each order addressed as shown in the right - hand panel immediately the order has been completed. A separate monthly statement is not required.
- (iii) Payment may be refused if goods or services are supplied without an official order or are not in accordance with the order.
- (iv) Retain this order until the invoice has been paid.
- (v) The purchase is subject to Standard Terms and Conditions for the Purchase of Goods/Services