Isle of Man Government
Reiltys Ellan Vannin

OFFICIAL ORDER FORM

Ferrym-Oardrail Oikoil

918292

Supplier:

Name: VIAMED LTD

Address: QUOTATION QVM 127723

Post Code: E-mail:

Delivery Address:

Name:

Address: EBME Department
Nobles Hospital
Strang
Braddan
Isle of Man
IM4 4RJ Post Code:

E-mail:

Invoice Address:

Name:

Address: Department of Infrastructure
Public Estates and Housing Division
Hills Meadow
Peel Road
Douglas
IM1 5EB Post Code:

E-mail:

Please supply the under mentioned goods or services:	QTY	Unit Price	Total Price	Item Code	Cost Centre
SERVICE FOETAL SIMULATOR V1000	1	45	45	V1000	0210-9106-0063-006
		Carriage	10		
		Discount			
		Order **TOTAL** (excl. VAT)	£ 55 p		

Date: 11/12/20

FO MY LAUE Signature:

Print Name: M Hessins

STAYD OKOIL/Grade: EBME

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.