Isle of Man Government

Reiltys Ellan Vannin

OFFICIAL ORDER FORM

Ferrym-Oardrail Oikoil

932785

Supplier:

Name: ViaMed.

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, IM1 5EB Post Code:

E-mail: ESSHelpdesk.DOI@gov.im

Please supply the under mentioned goods or services:	QTY	Unit Price	Total Price	Item Code	Cost Centre
0120399 pack of 5 T pieces	10	25-00	250-00		
0121205 Calibration tube	5	12-95	64-75		
0110017 R-17 Med oxygen sensor.	2	38-00	76-00		
		Carriage			
		Discount			
		Order TOTAL (excl. VAT)	£	p	

Date: 18/3/21

FO MY LAUE Signature: Barry Martin

Print Name: BARRY MARTIN

STAYD OKOIL/Grade:

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.