

**BACS REMITTANCE ADVICE**

FINANCE DEPARTMENT  
FIRST FLOOR (ROOM 17)  
TRINITY HOUSE, LYNDON  
WEST BROMWICH  
B71 4HJ

VIAMED  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
BD20 7DT

For any queries please contact:  
Tel: 0121 507 5516  
Fax: 0121 507 2935

Please send any invoices to:  
swb-tr.SWBH-GM-APInvoices@nhs.net

Supplier Number: 6096

Supplier E-Mail: remits@viamed.co.uk

Remittance Date: 16-JAN-17

Supplier Fax: 01535635582

Your Reference	Our Reference	Date	Transaction Type	Amount
				£
IN148016	1406500	28-NOV-16	Standard Invoice	91.20
Page 1 of 1				Total 91.20

BACS Payment Reference: 30177343

Payee Bank Details  
Sort Code: 207842  
A/C No.: 00906662