

SHARED SERVICES PAYMENT CENTRE
NORTHERN HEALTH AND SOCIAL CARE TRUST
PO Box 1049
BALLYMENA
BT42 9BZ

Telephone 028 9536 2996 payments.ssc@hscni.net

Remittance Advice

on behalf of NORTHERN HEALTH AND SOCIAL CARE TRUST

VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT Supplier No.: 105734
Remittance Date: 22-MAR-17
Bank Sort Code: XX-XX-XX
Account No.: XXXX6662
Account Name: VIAMED

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INVOICE DATE	COMP REF	TYPE	YOUR REF	OUR REF	AMOUNT £
16/03/17	1167974	INVCE	IN149806	BB48865	122.40
Please allow thr	ree working da	ys from the	remittance	Total	122.40
date shown for payment to reach your bank account.				Paid By Bacs	122.40