

## 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 three working days from the remittance date shown for payment to reach your bank account.					<b>Total Paid By Bacs</b> 122.40