

SHARED SERVICES PAYMENT CENTRE SOUTHERN HEALTH & SOCIAL CARE TRUST PO Box 1048 BALLYMENA BT42 9BY

Telephone 028 9536 2996 payments.ssc@hscni.net

Remittance Advice

on behalf of SOUTHERN HEALTH & 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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Please allow three working days from the remittance date shown for payment to reach your bank account. Please allow three working days from the remittance date shown for payment to reach your bank account. Paid By Bacs 70.50	INVOICE DATE	COMP REF	TYPE	YOUR REF	OUR REF	AMOUNT £
	10/03/17	1065477	INVCE	IN149726	CP01982	70.50
	Please allow the date shown for	ree working da payment to re	ys from the ach your ba	remittance nk account.		70.50