

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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INVOICE DATE	COMP REF	TYPE	YOUR REF	OUR REF	AMOUNT £
10/03/17	1065477	INVCE	IN149726	CP01982	70.50
Please allow three working days from the remittance date shown for payment to reach your bank account.					Total Paid By Bacs 70.50