REMITTANCE ADVICE



NHS AYRSHIRE AND ARRAN P.O BOX 13, GREENAN HOUSE, AILSA HOSPITAL, AYR KA6 6AB

(ENQUIRIES) TEL: (01292) 513727

FAX: (01292) 513788

VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT

Date 06-JAN-17
Supplier Number 607
Bank Account (ending in) 6662
Supplier Name

			VIAIVIED		
TRANS	YOUR REF	OUR REF	REGION	DISCOUNT	AMOUNT
INVCE	IN148384	AP384944		0.00	86.40
					TRANS YOUR REF OUR REF REGION DISCOUNT

PAYMENT BY BACS TOTAL 86.40

This authority is under a duty to protect the public funds it administers, and to this end may use the information used to process this payment for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information see:

http://www.audit-scotland.gov.uk/docs/central/2014/nr_140725_nfi_privacy_notice.pdf

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