

**BACS TRANSFER
REMITTANCE ADVICE**

VIAMED
15 STATION ROAD
CROSS HILLS
KEIGHLEY W. YORKSHIRE
BD20 7DT

Vendor Number: 104645

Payment Date: 31/03/17

Page Number: 1

INVOICE No.	INVOICE DATE	OUR REF.	ORDER No.	AMOUNT
IN149631	03/03/17	B000049722	E149313	1110.00
TOTAL ➤				1110.00

Please check your records have taken into account our recent change of Invoice/Statement address:-
Accounts Payable Dept, Amersham Hospital, Whielden Street, Amersham, Bucks HP7 0JD - Tel 01494 734979
To receive this document by e-mail and not fax send your e-mail address to apfinance@buckshealthcare.nhs.uk