

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	03-MAY-17
Supplier Number	607
Bank Account (ending in)	6662
Supplier Name	VIAMED

DATE	TRANS	YOUR REF	OUR REF	REGION	DISCOUNT	AMOUNT
25/04/17	INVCE	IN150458	AP404157		0.00	86.40
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

Page 1 of 1

Please advise us of your eMail Address for Remittance Advice