University Hospitals of Leicester NHS
NHS Trust
Accounts Payable Department
PO BOX 189
Leicester Royal Infirmary
LE1 5WP
Tel: 01162585133 Fax: 01162586663
Email: AccountsPayable@uhl-tr.nhs.uk
NHS Code: RWE

Account: VIAMED LIMITED

Remittance Advice

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

DETAILS

Page No: 1

Date: 08-MAY-17

Supplier Code: 100437

DATE	TRANSACTION	YOUR REFERENCE	OUR REFERENCE	PAYMENT AMOUNT
13/03/17	INVCE	IN149744	LR635319	255.00
Payment will be in your account within 5 working days			**TOTAL**	**255.00**