

SHARED SERVICES PAYMENT CENTRE WESTERN HEALTH AND SOCIAL CARE TRUST PO Box 1044 BALLYMENA BT42 9BT

Telephone 028 9536 2996 payments.ssc@hscni.net

Remittance Advice

on behalf of WESTERN HEALTH AND SOCIAL CARE TRUST

VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT Supplier No.: 105734

Remittance Date: 09-MAY-17

Bank Sort Code: XX-XX-XX

Account No.: XXXX6662

Account Name: VIAMED

Page no: 1

INVOICE DATE	COMP REF	TYPE	YOUR REF	OUR REF	AMOUNT £
28/04/17	1174926	INVCE	IN150536	EB73120	969.60
Please allow thr	ee working da	ys from the	remittance	Total	969.60
date shown for payment to reach your bank account.				Paid By Bacs	303.00