

Remittance Advice

on behalf of NORTHERN HEALTH AND SOCIAL CARE TRUST

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

Supplier No.: 105734
Remittance Date: 10-APR-17
Bank Sort Code: XX-XX-XX
Account No.: XXXX6662
Account Name: VIAMED
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INVOICE DATE	COMP REF	TYPE	YOUR REF	OUR REF	AMOUNT £
29/03/17	1192283	INVCE	INI50031	BB49409	1398.60
31/03/17	1194015	INVCE	IN150050	BB49782	86.40
<p>Please allow three working days from the remittance date shown for payment to reach your bank account.</p>					<p>Total Paid By Bacs 1485.00</p>