

# Remittance Advice

on behalf of BELFAST HEALTH & 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 £
22/03/17	3051121	INVCE	IN149915	AB192139	312.91
22/03/17	3051120	INVCE	IN149916	AB192142	2553.61
<p>Please allow three working days from the remittance date shown for payment to reach your bank account.</p>					<p><b>Total Paid By Bacs</b> 2866.52</p>