

Emily Hanson <viamed.emily.hanson@gmail.com>

Your Payment Remittance From Hereford Hospital on 12/5/2017 for 91.20 for VIAMED

1 message

creditor.payments@wvt.nhs.uk < creditor.payments@wvt.nhs.uk >
To: remits@viamed.co.uk

Wed, May 10, 2017 at 3:29 PM

Wye Valley NHS Trust



Finance Department The County Hospital

Hereford HR1 2ER 01432 364198

Fax:

Wye Valley NHS Trust

10-MAY-2017 Payment Remittance 15:29:43

Supplier Details

Company Number: 1

Payment Reference: BE00094198
Payment Method: BACSE
Supplier: 006461
Name and Address: VIAMED

15 STATION ROAD CROSS HILLS KEIGHLEY

WEST YORKSHIRE

BD20 7DT

Payment Run Date: 12-May-2017

Payment Amount: 91.20
Bank Account Number: 00906662
Bank Sort Code: 207842

Payment Details

Reference Type Narrative Your Reference Amount Balance 0017000634 INV PO 76123 EYEMAX 2 NEONATAL MASK IN149938 91.20 91.20 Remittance Total 91.20

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Please find attached remittance details for payment

*** Integra Workflow

*** [XML101]

*** Remittance Details

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WYEVALLEY.JPG