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:	31-MAR-17
Supplier Code:	100437

DATE	TRANSACTION	YOUR REFERENCE	OUR REFERENCE	PAYMENT AMOUNT
20/01/17	INVCE	IN148929	LR633275	78.00
23/01/17	INVCE	IN148951	LG570747	255.00
03/02/17	INVCE	IN149150	LR633953	357.60
13/02/17	INVCE	IN149311	LR633275	18.00
22/02/17	INVCE	IN149480	LR634648	86.40
27/02/17	INVCE	IN149534	LR634784	357.60
Payment will be in your account within 5 working days			**TOTAL**	**1152.60**