

Account: VIAMED LIMITED

## Remittance Advice

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

**DETAILS**

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Date: 15-MAR-17

Supplier Code: 100437

DATE	TRANSACTION	YOUR REFERENCE	OUR REFERENCE	PAYMENT AMOUNT
22/12/16	INVCE	IN148516	LR632552	715.20
22/12/16	INVCE	IN148527	LR632571	78.00
Payment will be in your account within 5 working days				<b>TOTAL</b>
				<b>793.20</b>