Accounts Payable Department PO BOX 189 Leicester Royal Infirmary LE1 5WP Tel: 01162585133 Fax: 01162586663

Email: AccountsPayable@uhl-tr.nhs.uk

NHS Code: RWE

Remittance Advice

Account: VIAMED LIMITED

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

DETAILS

Page No: 1

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			TOTAL	793.20	