REMITTANCE ADVICE

Viamed
15 Station Road
Cross Hills
Keighley
West Yorkshire
BD20 7DT

Care UK Health Care
Accounts Payable
PO Box 680
Northwich
CW9 9PG

Supplier Number: 14198
Payment Date: 19/04/2017
Contact Phone: 0333 321 1959
E-mail: HealthCare_Accounts.Payable@careuk.com

Invoice Date	Your Invoice No.	Our Reference	Amount	On Behalf Of
06/03/2017	IN149640	141107466	1,254.00	Care UK Clinical Services Ltd
06/03/2017	IN149639	141107451	1,254.00	Care UK Clinical Services Ltd

Total £ 2,508.00

This amount will be transferred into Bank Account: ****6662 Sort Code: 207842

To ensure that your invoices are paid promptly, please note the following:

*** All invoices and statements to be sent to the PO Box address noted above.**
*** All invoices must quote a Care UK Cost Centre reference number or official Purchase Order number.**
*** Care UK have the right to reject any invoice which does not quote a valid Cost Centre or PO number.**