REMITTANCE ADVICE



NHS AYRSHIRE AND ARRAN P.O BOX 13, GREENAN HOUSE, AILSA HOSPITAL, AYR KA6 6AB

(ENQUIRIES) TEL: (01292) 513727

FAX: (01292) 513788

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

Date	19-APR-17		
Supplier Number	607		
Bank Account (ending in)	6662		
Supplier Name			
VIAMED			

				VIAIVIED		
DATE	TRANS	YOUR REF	OUR REF	REGION	DISCOUNT	AMOUNT
07/04/17 11/04/17	INVCE INVCE	IN150177 IN150224	AP401729 AP402064		0.00 0.00	397.80 331.50

PAYMENT BY BACS TOTAL 729.30

This authority is under a duty to protect the public funds it administers, and to this end may use the information used to process this payment for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information see:

http://www.audit-scotland.gov.uk/docs/central/2014/nr_140725_nfi_privacy_notice.pdf

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