

## **BACS REMITTANCE ADVICE**

VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT ANY ENQUIRY RELATING TO THIS PAYMENT SHOULD BE ADDRESSED TO:

Accounts Payable Department Regent House Regent Close Torquay Devon TQ2 7AN

TEL:01803 653330 FAX:01803 653366

EMAIL: payments.tsdft@nhs.net

Payment Date: Supplier Number: 107339

Transaction Date	Our Reference	Your Reference	Amount Paid
27/04/2017	6207789	IN150513	36.00
27/04/2017	8302797	IN150514	66.00
Total Amount Paid			£102.00

THE AMOUNT PAYABLE HAS BEEN CREDITED BY MEANS OF BANKERS AUTOMATED CLEARING SERVICES.

PLEASE NOTE THAT THIS IS AN ADVICE OF PAYMENT ONLY.

Payment Account: \* \* \* \* 6662