

Remittance Advice

on behalf of NORTHERN HEALTH AND SOCIAL CARE TRUST

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

Supplier No.: 105734
Remittance Date: 24-MAY-17
Bank Sort Code: XX-XX-XX
Account No.: XXXX6662
Account Name: VIAMED
Page no: 1

INVOICE DATE	COMP REF	TYPE	YOUR REF	OUR REF	AMOUNT £
12/05/17	1239266	INVCE	IN150763	BB50993	86.40
Please allow three working days from the remittance date shown for payment to reach your bank account.					Total Paid By Bacs 86.40