

Remittance Advice

on behalf of SOUTH EASTERN HEALTH & SOCIAL CARE TRUST

Telephone 028 9536 2996
payments.ssc@hscni.net

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

Supplier No.: 105734
Remittance Date: 13-JUN-17
Bank Sort Code: XX-XX-XX
Account No.: XXXX6662
Account Name: VIAMED
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INVOICE DATE	COMP REF	TYPE	YOUR REF	OUR REF	AMOUNT £
31/05/17	1139103	INVCE	IN151023	DB79204	130.80
Please allow three working days from the remittance date shown for payment to reach your bank account.					Total Paid By Bacs 130.80