

SHARED SERVICES PAYMENT CENTRE BELFAST HEALTH & SOCIAL CARE TRUST PO Box 1045 BALLYMENA BT42 9BU

Telephone 028 9536 2996 payments.ssc@hscni.net

Remittance Advice

on behalf of BELFAST HEALTH & SOCIAL CARE TRUST

VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT Supplier No.: 105734
Remittance Date: 20-JUN-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 £
09/06/17	3220088	INVCE	DEL87696	AB201060	497.64
Please allow thr date shown for	ee working da payment to re	ys from the roach your bank	emittance k account.	Total Paid By Bacs	497.64