

Salisbury
NHS Foundation Trust

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Reference: 00169
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REMITTANCE ADVICE FOR BACS PAYMENT

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Invoice Number	System Ref.	Description	Amount
IN150719	731610		89.40
			£ 89.40

VIAMED
15 STATION ROAD
CROSSHILLS
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WEST YORKSHIRE BD20 7DT

Payee Bank Details:
Account Number: 00906662
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