



Email: accounts.payable@borders.scot.nhs.uk

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

Date 21-JUN-17

Supplier Number 607

Bank Account (ending in)	6662
--------------------------	------

Supplier Name

VIAMED

DATE	TRANS	YOUR REF	OUR REF	REGION	DISCOUNT	AMOUNT
26/05/17	INVCE	IN150976	EME199571		0.00	140.40

PAYMENT BY BACS

TOTAL

140.40

This authority is under a duty to protect the public funds it administers, and to this end may use the information used to process this payment for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information see:

http://www.audit-scotland.gov.uk/docs/central/2014/nr_140725_nfi_privacy_notice.pdf

Page 1 of 1

Please advise us of your eMail Address for Remittance Advice