

SHARED SERVICES PAYMENT CENTRE WESTERN HEALTH AND SOCIAL CARE TRUST PO Box 1044 BALLYMENA BT42 9BT

Telephone 028 9536 2996 payments.ssc@hscni.net

Remittance Advice

on behalf of WESTERN HEALTH AND SOCIAL CARE TRUST

VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT Supplier No.: 105734
Remittance Date: 25-JUL-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 £
12/07/17	1255889	INVCE	IN151717	EB76754	192.00
Please allow thr	ee working da	ys from the	remittance	Total	
date shown for payment to reach your bank account.				Paid By Bacs	192.00