

**REMITTANCE ADVICE**

Payment will be made via BACS directly into your  
Bank Account within 3 working days of 31-Jul-2017

<b>Supplier Reference:</b>	002210/00
<b>Name and Address:</b>	VIAMED LTD 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT
<b>Payment Run Date:</b>	31-Jul-2017
<b>Payment Bank Account:</b>	****6662
<b>Payment Reference:</b>	BAC2105669
<b>Payment Amount (£'s STG):</b>	888.00

**REMITTANCE DETAIL**

Your Reference	Transaction Type	Transaction Date	Received Date	Our Reference	Purchase Order No.	Inv/Cr Note Value	Payment Amount	Transaction Balance
IN151270	INV	14-Jun-2017	21-Jun-2017	0000646573	000527385	888.00	888.00	0.00
<b>Remittance Total</b>							<b>888.00</b>	

Any queries regarding this payment, please telephone (0114) 2717331 / 2267914 quoting Supplier Ref : 002210/00 and Payment Ref : BAC2105669

Sheffield Children's NHS Foundation Trust  
Finance Department  
Western Bank  
Sheffield  
S10 2TH

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