University Hospitals of Leicester NHS
NHS Trust

Accounts Payable Department
PO BOX 189
Leicester Royal Infirmary
LE1 5WP
Tel: 01162585133 Fax: 01162586663
Email: AccountsPayable@uhl-tr.nhs.uk
NHS Code: RWE

Account: VIAMED LIMITED

Remittance Advice

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

DETAILS

Page No: 1

Date: 31-JUL-17

Supplier Code: 100437

DATE	TRANSACTION	YOUR REFERENCE	OUR REFERENCE	PAYMENT AMOUNT
05/04/17	INVCE	IN150134	GG577567	265.20
13/04/17	INVCE	IN150296	LR636688	550.80
19/04/17	INVCE	IN150331	GG577693	494.40
19/04/17	INVCE	IN150355	CS511617	1326.00
26/04/17	INVCE	IN150484	LR637056	172.80
28/04/17	INVCE	IN150524	CS511675	222.00
Payment will be in your account within 5 working days			**TOTAL**	**3031.20**