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Separate Remittance Advice: paper document number - 750002

1 message

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To: REMITS@viamed.co.uk

Fri, Aug 4, 2017 at 1:05 PM

Remittance Advice**LIVERPOOL WOMENS NHS FOUNDATION TRUST**

LIVERPOOL WOMENS HOSPITAL, CROWN STREET, LIVERPOOL, L8 7SS. Tel - 0151 7089988 Fax - 0151 7024028

VIAMED LTD **Supplier Number:** 197515 STATION ROAD **Date:** 08-Aug-17CROSS HILLS **Bank Sort Code:** 207842**Bank Account Number:** ****6662KEIGHLEY **Bank Name:** BARCLAYS BANK PLC

BD20 7DT

Invoice Number Invoice Date Voucher Number Invoice Amount Discount Amount Payable

IN151631 06-Jul-17 5076515 260.40 0.00 260.40

Method of Payment: BACS TOTAL 260.40

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