## **BACS** Remittance Advice

REMIT

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



Finance Division
Accounts Payable
The Old Schools
Trinity Lane
Cambridge CB2 1TS
Tel:01223 766888
Fax:01223 765094
Email:bacsenquiries@admin.cam.ac.uk

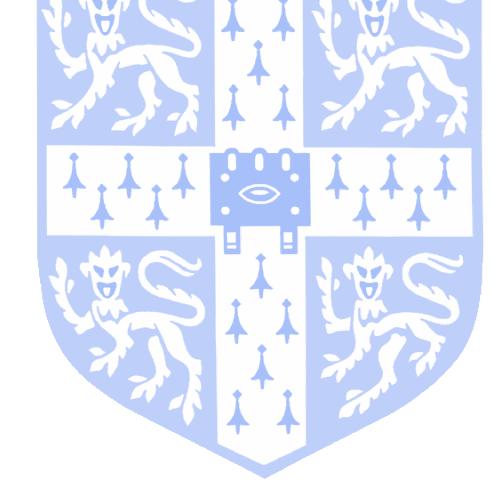
Payment Date 14-AUG-2017 Supplier Number 177445 Payment Number 6508378

If you have a query with:

- Invoices included in this payment, please contact the appropriate department using the telephone number supplied.
- Other invoices,credit notes, etc please contact the department to whom you sent the invoice

Department		InvoiceDate	InvoiceNumber	InvoiceAmount
Pharmacology (Tel. 01223		13-JUL-2017	IN151750	48.00
334064)			Subtotal:	48.00







Your Bank Details:

Please ensure your bank details are correct. If the details printed are not correct, please contact 01223 765096 immediately.

Sort Code: 207842

Account Code: \*\*\*\*6662