

SHARED SERVICES PAYMENT CENTRE BELFAST HEALTH & SOCIAL CARE TRUST PO Box 1045 BALLYMENA BT42 9BU

Telephone 028 9536 2996 payments.ssc@hscni.net

Remittance Advice

on behalf of BELFAST HEALTH & SOCIAL CARE TRUST

VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT Supplier No.: 105734
Remittance Date: 08-AUG-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 £
20/07/17	3309760	INVCE	IN151869	AB206804	703.20
Please allow thr	ree working da	vs from the	remittance	Total	
Please allow three working days from the remittance date shown for payment to reach your bank account.				Paid By Bacs	703.20