

SHARED SERVICES PAYMENT CENTRE
NORTHERN HEALTH AND SOCIAL CARE TRUST
PO Box 1049
BALLYMENA
BT42 9BZ

Telephone 028 9536 2996 payments.ssc@hscni.net

Remittance Advice

on behalf of NORTHERN HEALTH AND SOCIAL CARE TRUST

VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT Supplier No.: 105734
Remittance Date: 29-AUG-17
Bank Sort Code: XX-XX-XX
Account No.: XXXX6662
Account Name: VIAMED

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INVOICE DATE	COMP REF	ТҮРЕ	YOUR REF	OUR REF	AMOUNT £
18/08/17	1353076	INVCE	IN152384	BB54387	1305.60
Please allow thre date shown for p	ee working da payment to rea	ys from the re ach your bank	emittance c account.	Total Paid By Bacs	1305.60