HSC Business Services Organisation

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: 27-SEP-17
Bank Sort Code: XX-XX-XX
Account No.: XXXX6662
Account Name: VIAMED
Page no: 1

INVOICE DATE	COMP REF	TYPE	YOUR REF	OUR REF	AMOUNT £
18/09/17	1383703	INVCE	IN152822	BB55212	194.40

Please allow three working days from the remittance date shown for payment to reach your bank account.

Total Paid By Bacs 194.40