

SHARED SERVICES PAYMENT CENTRE SOUTH EASTERN HEALTH & SOCIAL CARE TRUST PO Box 1043

BALLYMENA (Email: SEHSCT.POP@hscni.net)

BT42 9BS

**Remittance Advice** 

on behalf of SOUTH EASTERN HEALTH & SOCIAL CARE TRUST

Telephone 028 9536 2996 payments.ssc@hscni.net

VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT Supplier No.: 105734

Remittance Date: 10-OCT-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 £
25/09/17	1256477	INVCE	IN152953	DB85331	256.80
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	256.80