

REMITTANCE ADVICE

For telephone enquiries please phone the number that matches the Region Indicator for that Invoice.

1T - 01463 704800
2T - 01546 605673
3T - 01463 704800



**Finance Department
Highland Health Board,
Assynt House, Beechwood Park,
Inverness IV2 3BW
high-uhb.accountspayable@nhs.net**

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

Date	10-NOV-17
Supplier Number	607
Bank Account (ending in)	6662
Supplier Name	VIAMED

DATE	TRANS	YOUR REF	OUR REF	REGION	DISCOUNT	AMOUNT
02/11/17	INVCE	IN153580	HA6041829	1T	0.00	367.20
PAYMENT BY BACS					TOTAL	367.20

This authority is under a duty to protect the public funds it administers, and to this end may use the information used to process this payment for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information see:

http://www.audit-scotland.gov.uk/docs/central/2014/nr_140725_nfi_privacy_notice.pdf

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Please advise us of your eMail Address for Remittance Advice