

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: 01-NOV-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 £
16/10/17	1424955	INVCE	IN153301	BB55833	163.20
Please allow thr	ee working da	us from the	remittance	Total	
date shown for	payment to re-	ach your bar	nk account.	Paid By Bacs	163.20