

SHARED SERVICES PAYMENT CENTRE BELFAST HEALTH & SOCIAL CARE TRUST PO Box 1045 BALLYMENA BT42 9BU

Telephone 028 9536 2996 payments.ssc@hscni.net

## Remittance Advice

on behalf of BELFAST HEALTH & SOCIAL CARE TRUST

VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT Supplier No.: 105734
Remittance Date: 24-OCT-17
Bank Sort Code: XX-XX-XX
Account No.: XXXX6662
Account Name: VIAMED

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NVOICE DATE	COMP REF	TYPE	YOUR REF	OUR REF	AMOUNT £
09/10/17	3470963	INVCE	IN153182	AB216304	703.20
lease allow three working days from the remittance ate shown for payment to reach your bank account.				Total Paid By Bacs	703.2