

VICTORIA HEALTH AUTHORITY

No. 56799

RECEIVED FROM	AMOUNT RECEIVED			Account No. or Details	Date			DC	Receipt No.
	By Cheque, etc.	P.O.	By Cash		D.	M.	Y.		
Mrs M. Rivadeveira	336	22		A/c. 236729. Inv. 44941	26	7	85		56799

the sum specified hereon as "Total Paid"

F3-256-82 Alfred Gilbert & Sons Ltd.
NW9 6NU



District Treasurer

177(34)

RIVERSIDE HEALTH AUTHORITY

THE DISTRICT TREASURER
17 PAGE STREET
LONDON SW1P 4NB Telephone: 01-828 9811 Ext. 2401

V.A.T. REG. NO. HA/813

INVOICE

ACCOUNT TO:

┌
MRS M RIVADEVEIRA
FLAT 9
29 PALACE GATE
LONDON W8
└

IN RESPECT OF:

INVOICE No.
044941

DATE
30/06/85

ACCOUNT No.
236729

PAGE
1

PERIOD FROM
22/06/85

TO
24/06/85

WESTMINSTER HOSPITAL

CODE	DESCRIPTION	UNIT	RATE	QTY.	AMOUNT
M101	PRIVATE IN-PATIENT CHARGES				
111	Single Accommodation	DAY	166.00	2	332.00
121	*Telephone - Metered Units		1.54	1	1.54
122	*Telephone - Other	DAY	.65	2	1.30
123	*Television	DAY	.69	2	1.38

* V.A.T. INCLUDED AT STANDARD RATE.

TOTAL AMOUNT DUE 336.22

PLEASE TICK
IF RECEIPT
REQUIRED



1. Payment is due **NOW**.
2. Cheques, made payable to "Riverside Health Authority" should be sent to the District Treasurer at the above address, quoting 'Account No.' and 'Invoice No.'
3. Receipts will not be despatched unless requested.