Merchant Standing Order Payment Report

Number OF Transactions: 1
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY20005003140003140 1A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 109353
Date/Time: 2021/12/03 03:35
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/12/02	LEOF GRIVA DIGENI 47	10:30	6080255	292767	Cashier	cashier1	70.00	7.00	0.38	62.62
		Total/Branch					70.00	7.00	0.38	62.62
	Total/Date						70.00	7.00	0.38	62.62
Total							70.00	7.00	0.38	62.62

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