Merchant Standing Order Payment Report

Number OF Transactions: 3
Beneficiary Name: GABELEN LIMITED
Beneficiary IBAN: CY40005002410002410185465201
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 027009
Date/Time: 2021/12/07 03:46
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/12/03	Ifigenias 17 Limassol	12:50	6101479	345744	SuperAdmin	Admin	4.00	0.40	0.02	3.58
		13:17	6101872	397478	SuperAdmin	Admin	0.50	0.05	0.01	0.44
		13:21	6101928	636787	SuperAdmin	Admin	7.00	0.70	0.04	6.26
		Total/Branch					11.50	1.15	0.07	10.28
	Total/Date						11.50	1.15	0.07	10.28
Total							11.50	1.15	0.07	10.28

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