

Number OF Transactions: 5
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 300529
Date/Time: 2021/12/28 03:09
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/12/24	LEOF GRIVA DIGENI 47	14:31	6450811	866645	Cashier	cashier1	5.00	0.50	0.03	4.47
		14:32	6450831	898485	Cashier	cashier1	0.50	0.05	0.01	0.44
		14:33	6450850	444374	Cashier	cashier1	12.00	1.20	0.06	10.74
		Total/Branch					17.50	1.75	0.10	15.65
	Total/Date						17.50	1.75	0.10	15.65
2021/12/25	87, SPIROU KYPRIANOU AV.	13:33	6465061	396555	Cashier	cashier2	30.00	3.00	0.16	26.84
		Total/Branch					30.00	3.00	0.16	26.84
	Total/Date						30.00	3.00	0.16	26.84
2021/12/27	LEOF GRIVA DIGENI 47	12:38	6484978	884942	Cashier	cashier1	10.00	1.00	0.05	8.95
		Total/Branch					10.00	1.00	0.05	8.95
	Total/Date						10.00	1.00	0.05	8.95

Merchant Standing Order Payment Report

Total							57.50	5.75	0.31	51.44
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