Merchant Standing Order Payment Report

Number OF Transactions: 3
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 502795
Date/Time: 2021/12/29 03:19
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/12/28	25 March 44	11:53	6504100	344572	SuperAdmin	Admin	2.00	0.01	1.99
		16:28	6508027	259246	SuperAdmin	Admin	6.00	0.04	5.96
		18:20	6509706	452646	SuperAdmin	Admin	2.00	0.01	1.99
		Total/Branch					10.00	0.06	9.94
	Total/Date						10.00	0.06	9.94
Total							10.00	0.06	9.94

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