


SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : STAROYLA DAMIANOY
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY09005003680003681087560101
Date/Time : 2020/12/10 03:47
Reference Number : SO - 437351
Number Of Transactions : 3
Commission Value: 10.00%
Rate: 0.70%

Date	Branch	Time	Merchant User Type	Merchant User	TranID	Amount (€)	Tips (€)	Commission	Fee	Net Amount
2020/12/09	25 March 44	08:04	SuperAdmin	Admin	1538471	2.30	0.00	0.23	0.01	2.06
		10:15	SuperAdmin	Admin	1539957	2.90	0.00	0.29	0.02	2.59
		10:35	SuperAdmin	Admin	1540067	2.00	0.00	0.20	0.01	1.79
		Total/Branch				7.20	0.00	0.72	0.04	6.44
	Total/Date					7.20	0.00	0.72	0.04	6.44
Total						7.20	0.00	0.72	0.04	6.44