

SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : Anthirs Protasis
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY200050031400031401A6310901
Date/Time : 2020/12/14 03:38
Reference Number : SO - 817348
Number Of Transactions : 2
Commission Value: 10.00%
Rate: 0.60%

Date	Branch	Time	Merchant User Type	Merchant User	TranID	Amount (€)	Tips (€)	Commission	Fee	Net Amount
2020/12/12	LEOF GRIVA DIGENI 47	13:47	SuperAdmin	Admin	1569303	10.00	0.00	1.00	0.05	8.95
		17:31	SuperAdmin	Admin	1571262	65.00	0.00	6.50	0.35	58.15
		Total/Branch				75.00	0.00	7.50	0.40	67.10
	Total/Date					75.00	0.00	7.50	0.40	67.10
Total						75.00	0.00	7.50	0.40	67.10