

SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : Anthirs Protasis
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY200050031400031401A6310901
Date/Time : 2020/12/18 03:32
Reference Number : SO - 219254
Number Of Transactions : 1
Commission Value: 10.00%
Rate: 0.60%

Date	Branch	Time	Merchant User Type	Merchant User	TranID	Amount (€)	Tips (€)	Commission	Fee	Net Amount
2020/12/17	LEOF GRIVA DIGENI 47	18:06	SuperAdmin	Admin	1615120	30.00	0.00	3.00	0.16	26.84
		Total/Branch				30.00	0.00	3.00	0.16	26.84
	Total/Date					30.00	0.00	3.00	0.16	26.84
Total						30.00	0.00	3.00	0.16	26.84