Merchant Standing Order Payment Report

Number OF Transactions: 2
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 935639
Date/Time: 2021/11/10 03:11
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/11/09	25 March 44	07:16	5726504	388489	SuperAdmin	Admin	2.30	0.02	2.28
		16:50	5734657	683646	SuperAdmin	Admin	5.00	0.04	4.96
		Total/Branch					7.30	0.06	7.24
	Total/Date						7.30	0.06	7.24
Total							7.30	0.06	7.24

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