



Customer ID : [REDACTED]  
 Customer Name : สำนักงานเขตพื้นที่การศึกษา

CTF037 Payment Detail Complete Transaction Report

Upload Date : 28/03/2024

Effective Date : 28/03/2024

Print Date : 28/03/2024 Print Time : 12:06:15

( Detail Part)

Datatype : IGDT03

Page 1 of 2

Payment ID : 18214907

Customer Ref# : [REDACTED]

Service Name : KTB iPay Direct 03

Minimum Per Bulk : 0.00

Narrative : Narathiwat Pri

Sending Bank/Branch/Account : [REDACTED]

Debit Date : 28/03/2024

KTB Account Transferred

006-1275/1275 - NARADHIWASRAJANAGARINDRA HOSPITAL BRANCH

Item	Bank-Branch	Account No	PromptPay	Account Name	Srv	Type	System	Ref. No.	Tr. Amt	Approve.Amt	FeeAmt	NetAmt
1	[REDACTED]	[REDACTED]		นายภูษิต มะสาแม	14	C	Direct Credit		8,000.00	8,000.00	0.00	8,000.00
								1	8,000.00	8,000.00	0.00	8,000.00

Payment Total

<b>Total KTB Account Transfer</b>								1	8,000.00	8,000.00	0.00	8,000.00
Grand Total City								1	8,000.00	8,000.00	0.00	8,000.00
Grand Total Non-City								0	0.00	0.00	0.00	0.00
<b>Total Interbank Account Transfer</b>								0	0.00	0.00	0.00	0.00
<b>Total PromptPay Transfer</b>								0	0.00	0.00	0.00	0.00
<b>Grand Total</b>								1	8,000.00	8,000.00	0.00	8,000.00

Company Part

Item	Bank-Branch	Account No	Name	Transaction		Commission	
				Type	Amount	Type	Amount
1	[REDACTED]	[REDACTED]	สำนักงานเขตพื้นที่การศึกษา นธ.เขต 1	D	8,000.00	D	0.00
				C	0.00	C	0.00
					8,000.00		0.00

User Detail

Item	User ID	User Name	Trans Date	Trans Time
1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]