



Customer ID : [REDACTED]
 Customer Name : สำนักงานเขตพื้นที่การศึกษา

CTF037 Payment Detail Complete Transaction Report

Upload Date : 09/04/2024

Effective Date : 09/04/2024

Print Date : 09/04/2024 Print Time : 03:36:06

(Detail Part)

Datatype : IGDT03

Payment ID : [REDACTED]
 Customer Ref# : [REDACTED]
 Service Name : KTB iPay Direct 03
 Minimum Per Bulk : 0.00

Narrative : Narathiwat Pri
 Sending Bank/Branch/Account : [REDACTED]
 Debit Date : 09/04/2024

KTB Account Transferred

006-0905/0905 - NARATHIWAT BR.

Item	Bank-Branch	Account No	PromptPay	Account Name	Srv	Type	System	Ref. No.	Tr. Amt	Approve.Amt	FeeAmt	NetAmt	
1	[REDACTED]	[REDACTED]		นาง ยาริสา มีลล	14	C	Direct Credit		2,400.00	2,400.00	0.00	2,400.00	
2	[REDACTED]	[REDACTED]		นาง สาธิอหนึะ แซนา	14	C	Direct Credit		570.00	570.00	0.00	570.00	
3	[REDACTED]	[REDACTED]		นายกมลเทพ ไทยสนิท	14	C	Direct Credit		18,500.00	18,500.00	0.00	18,500.00	
									3	21,470.00	21,470.00	0.00	21,470.00

006-0906/0906 - TANYONGMAS BR.

Item	Bank-Branch	Account No	PromptPay	Account Name	Srv	Type	System	Ref. No.	Tr. Amt	Approve.Amt	FeeAmt	NetAmt	
1	[REDACTED]	[REDACTED]		น.ส.โนริ อานแซ	14	C	Direct Credit		13,500.00	13,500.00	0.00	13,500.00	
									1	13,500.00	13,500.00	0.00	13,500.00

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]		น.ส. สุดา มาลิก	14	C	Direct Credit		1,202.00	1,202.00	0.00	1,202.00	
									1	1,202.00	1,202.00	0.00	1,202.00