



Customer ID : [REDACTED]
 Customer Name : สำนักงานเขตพื้นที่การศึกษา

CTF037 Payment Detail Complete Transaction Report

Upload Date : 18/04/2024

Effective Date : 18/04/2024

Print Date : 18/04/2024 Print Time : 03:34:27

(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 : 18/04/2024

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 นิภา กิมขุ	14	C	Direct Credit		9,345.00	9,345.00	0.00	9,345.00
								1	9,345.00	9,345.00	0.00	9,345.00

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.ฉันทนิย์ นารุงชา	14	C	Direct Credit		11,750.00	11,750.00	0.00	11,750.00
								1	11,750.00	11,750.00	0.00	11,750.00

Payment Total

Total KTB Account Transfer								2	21,095.00	21,095.00	0.00	21,095.00
Grand Total City								2	21,095.00	21,095.00	0.00	21,095.00
Grand Total Non-City								0	0.00	0.00	0.00	0.00
Total Interbank Account Transfer								0	0.00	0.00	0.00	0.00
Total PromptPay Transfer								0	0.00	0.00	0.00	0.00
Grand Total								2	21,095.00	21,095.00	0.00	21,095.00

Company Part

Item	Bank-Branch	Account No	Name	Transaction		Commission	
				Type	Amount	Type	Amount
1	[REDACTED]	[REDACTED]	[REDACTED]	C	0.00	C	0.00