

Outgoing Payments Report



Company: Arthrex Inc

Requester: Morgala, Anna

Run Date: 12/05/2024 5:21:54 AM EST

Domestic Low Value (ACH)

Payment Category: Low Value/ACH

Status: Confirmed By Bank
Transaction Number: 24C451724PRX3411

Debit Account Information

Debit Bank: BOFAIE3XPOL
Debit Account: xxxxxxxx6010
Debit Account Name: Poland PLN
Debit Currency: PLN

Beneficiary Details

Beneficiary Name: Szpital Uniwersytecki K.Marcinkows
Beneficiary Address: Zyty 26
Beneficiary City: Zielona Gora
Beneficiary Postal Code: 65-046
Beneficiary Country: PL - Poland

Beneficiary Account: xxxxxxxxxxxxxxxxxxxxxxxx0000
Beneficiary Bank ID: WBKPPLPPXXX
Santander Bank Polska SA
Jana Pawla II 17
Warsaw
PL

Beneficiary Email:
Beneficiary Mobile Number:

Payment Details

Credit Currency: PLN
Credit Amount: 1,300.00
Value Added Tax (VAT) Amount:
Beneficiary Tax ID Number (IDC):
Invoice Number:

Value Date: 12/04/2024

Optional Information

Sender's Reference Number: 24C451724PRX3411

Beneficiary Information: Wadium-TRYB PODSTAWOWY
NZ.261.62.2024

Additional Routing

Charges: Shared

Receiver Information: /PAYACH/
/RECEVRES/PL

Control Information

Input: mbosanac
Approver: dbegic
Approved: anendrich
Initial Confirmation: APS:3242339D03020002
Confirmation #: GBSREF:3242339D0302

Input Time: 12/04/2024 5:17:33 AM EST
Time: 12/04/2024 8:29:37 AM EST
Time: 12/04/2024 8:45:28 AM EST