



Payment 06830MFMANS Details

Preformat Code	--
Debit Account Number / Currency / Name	90 1030 1508 0000 0005 0034 7147 - PLN - PHILIPS POLSKA SP. Z O.O.
Payment Currency / Amount	PLN - 22,000.00
Payment Method	Domestic Funds Transfer
Payment Type	Local Payment
Subsidiary Identifier / Name	-- - --
Transaction Reference Number	06830MFMANS
Confidential	No
Sorbnet	No
Value Date	09/03/2023
Faster Payment	No
Beneficiary Account Number	91150018101218100128600000
Beneficiary Name / Address	Szpital Uniwersytecki im. Karola Marcinkowskiego w Zielonej Górze sp. z o. o.
Beneficiary Bank Routing Code	15001810
Beneficiary Bank Name	SANTANDER O. W ZIELONEJ GORZE
Payment Details	Wadium przetarg nieograniczony nr ref NZ.261.10.2023 zadanie nr 3 Philips Polska
Submitted By	LIUBOV GASINSKA
Submission Date/Time	09/03/2023, 14:12:15 GMT+01:00
Cheque Number	--
Status	Processed
Sub-Status	--
Creation Method	Input