INDEPENDENT LIQUOR

Commodity Procurement Services T/A Independent Liquor SA
Cosmo Business Park
81 Malta Street Cosmo City Ext 15 - 2188
0117086542/3
Liquor Licence: GLB7000000928
VAT No - 4040145486

TAX INVOICE

Invoice: **91725**

Invoice Date	: **08/07/2024**	Salesperson	: **Mary Kirby**
Terms	: **Due end of next month**		
Order No:	: **44754**		

Bill To	Ship To
Spar Lowveld - 603372 THE SPAR GROUP LIMITED t/a SPAR LOWVELD 1 Christy Crescent Nelspruit Mpumalanga 1390	Tops @ Westend CC - 80666 Madiba Drive Sonheuwel Mbombela, Nelspruit Mpumalanga 1201 VAT:4730306893

Description	Item Code	Warehouse	Qty	Unit Price	VAT %	Net Price (Excl)
Winkie Cappuccino Cream - 24x30ml, 17% Alc/Vol.	WINK13 07	Kirk Nelspruit	1.00 ea	311.37	15.00	311.37
Winkie Vodka Flavours - 24x30ml, 35% Alc/Vol.	WINK13 01	Kirk Nelspruit	1.00 ea	321.30	15.00	321.30
Winkie Sours - Assorted Flavours - 24x30ml, 12% Alc/Vol.	WINK13 00	Kirk Nelspruit	1.00 ea	251.37	15.00	251.37

BANK DETAILS - COMMODITY PROCUREMENT SERVICES
NEDBANK
Branch Code: 128605
A/C No. 101 870 2253
REF: **91725**

Sub Total (excl)	884.04
VAT (15%)	132.61
Total	**R1,016.65**
Balance Due	**R1,016.65**

Notes

Thank you for your business - The Independent Liquor Family really do appreciate it.

Terms & Conditions

Please check stock received against invoice/waybill.
We cannot be held responsible for shortages for stock not checked.
Please also note we are not responsible for stock that has expired in your store!

TOPS WESTEND
Date: 10/07/24
GRV Number: 4436
Received: _Stanley_
Verified: _____
Contents received but not checked

Gideon (signature)

WE WILL NOT CREDIT STOCK THAT IS SIGNED FOR!!
PLEASE CHECK STOCK BEFORE SIGNING & ACCEPTING!!

IF THERE ARE ANY ISSUES, PLEASE CALL US WHILE THE DRIVER IS THERE - 0117086542/3
RETURNED INVOICES MUST BE STAMPED/SIGNED WITH REASON FOR NOT ACCEPTING.

1

tops!

GOODS RECEIPT

WESTEND

GRV No: 4436

Received from Supplier: *Independent Liquor*

Supplier Invoice No: *91725*

Courier Details: ....

Date: *10/6 7/16*

Goods Received by (Print Name): *Sandiso*

Signature ....

Document Amount:
(In Rands) *1016 - 65*

Claim - A/ V Number .... Claim Amount: ....