Tax Invoice

KIRK
125 Smuts Street, Rocky's Drift
Nelspruit

CUSTOMER

SPARL: WESTEND SUPERSPAR
RAPS STORES (PTY) LTD
MEMBER 80662 / VENDOR 601244
PO BOX 33
NELSPRUIT
1200
VAT No: 4730306893 **Lic. No:** MPU/9-2-1-09003

PO Box 11504
Hatfield

0028
Tel: +27 137582422
Fax: +27 866316773
Email: officeadmin@namaquawinessa.co.za
VAT VENDOR No.4020139574
Lic. No: 15787

DOCUMENT INFO

Tax Invoice
I2051654

DELIVERY TO:

WESTEND SHOPPING CENTRE SHOP 1
CNR MADIBA & ENOS MABUZA DRIVE
NELSPRUIT

Terms: **Supermarket Group GOOD**

2024/12/12

Sales Rep: TILANI - TILANI VISSER | DB001 | **Page** 1

2024/12/12DATE & TIME	DOCUMENT NO	ACCOUNT NO.	ORDER NO.
2024/12/12	PIC2412070000175	SPARL021	578107

CODE	DESCRIPTION	QTY	PRICE	DISC1	NET PRICE	TOTAL EX VAT	VAT	TOTAL
400	NAMAQUA NATURAL SWEET ROSE 1L	12	38.84	10.50	34.76	417.10	62.57	479.67
508	VL BLANC DE BLANC 750ML	6	45.20	0.00	45.20	271.22	40.68	311.90
526	4COUSINS DRY RED 1.5L	6	76.51	0.00	76.51	459.04	68.86	527.90
635	NAMAQUA DRY RED 1L	24	38.82	10.50	34.75	833.89	125.07	958.97
WVNM01	NAMAQUA DRY RED 750ML	6	39.92	4.15	38.27	229.59	34.44	264.03
WVNM04	NAMAQUA SWEET WHITE 750ML	6	39.92	4.15	38.27	229.59	34.44	264.03
WVNM05	NAMAQUA SWEET RED 750ML	6	39.92	4.15	38.27	229.59	34.44	264.03

Nicholas
NB
T-1 XX 451L

WESTEND SUPERSPAR
Date: 13/12/2024
GRV Number: 31779
Received: [signature]
Verified:
Contents received but not checked

TOTALS 82.80 66.00 **AMOUNT DUE**

15.00% **TOTAL VAT:** 400.50 **TOTAL (Ex VAT):** 2 670.02 **ZAR** 3 070.53

Please use your account number as reference on your Deposit / EFT payment.
All goods remain the property of NAMAQUA WINES until paid in full
Account Name: Namaqua Wines SA (Pty) Ltd
Bank: **Investec** Bank Limited
Account Number: 40005060042
Account Type: Current Account
Branch Number: 580105

CUSTOMER COPY

Name:__________ **Date:**________

Signature:____________________

SUPERSPAR **WESTEND**

GOODS RECEIPT

GRV No: 31779

Received from Supplier: Plamagua

....

Supplier Invoice No: I2051654

Courier Details:

Date : 18/12/24

Goods Received by (Print Name) Sandile

Signature

Document Amount:
(In Rands) 3070-53

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

Joe Slater Printers 084 845 8945