

TAX INVOICE COPY



Page 1 of 1

Customer **Tops at Courtside 80769 DS**
VAT No. 4240275307
Liquor License No. 9-2-1-03069
Bill to Cust No. SPA004
Sell to Cust No. SPA4 80769
Delivery Address: Tops at Courtside 80769 DS
 My Jacobs (Pty) Ltd
 Nelspruit
 Tarentaal Centre HI
 N4 & Kaapschenhoop Road
 NELSPRUIT EXT, Mpumalanga 1200
Contact Name Tanya Knight
Contact No. +27 13 590 5630

Meridian Wine Distribution (Pty) Ltd
 17 Spartan Crescent
 Eastgate Extension
 Marlboro, 2090

Phone No. (011) 531 4700
VAT Reg No. 4520181753
Liquor License No. RG0005535
Company Reg No. 1999/001626/07

Your Reference

Invoice No.	PSI995093	Posting Date	17/10/2023	Payment Terms	15 Days from Statement
SO No.	SO1089396	Due Date	15/11/2023	Promised Delivery Date	19/10/2023

Code	Description	Quantity	Unit of Measure	Unit Price Excl. VAT	Discount %	Total Excl. VAT
CRAFT LIQUOR MERCHANTS						
ESMGSBLO	Gin Society Blood Orange	1	06 x 750ml	876.48		876.48
ESMKOLI	Koeksister Liqueur	2	1 x 750ml	99.82		199.64
ESMMAL	Malva Pudding	2	1 x 750ml	99.82		199.64
INCMACBRDG	Brooks Hard Seltzer Dragon Granadilla	5	24 x 300ml	336.00		1,680.00
INCMACBRSK	Brooks Hard Seltzer Strawberry Kiwi	5	24 x 300ml	336.00		1,680.00
INCSLI2YR	Scottish Leader 12 Yr Old Gift Pack	2	1 x 750ml	306.62		613.24

Craft Liquor Merchants Total **5,249.00**

Total ZAR Excl. VAT **5,249.00**

15% VAT 787.35

Total ZAR Incl. VAT **6,036.35**

TOPS AT COURTSIDE	
STORE CODE: 80769	
GOODS RECEIVED	
GRV NUMBER:	6830
RECEIVED BY:	
DATE:	18/10/23
CLAIM NUMBER:	
VERIFIED:	

Thanks for your business.

BANKING DETAILS

Acc Name: Meridian Wine Distribution (Pty) Ltd
Bank Name: First National Bank

Branch: 250 655
Acc No: 62 204 833 744

Swift: FIRNZAJJ



Call Us

0861 113 959



Email Us

orders@groupmeridian.co.za



Customer Service

query@groupmeridian.co.za

MY JACOBS (PTY) LTD t/a
Reg No: 2016/377030/07

tops! COURTSIDE

GOODS RECEIPT

6830

Received from Supplier:

Mendia

Supplier Invoice No.:

PS1995093

Courier Details:

Date:

21/01/2021

Goods Received By (Print Name)

Biy

Signature:

Document Amount
(in Rands)

6036.35

Claim --AV Number:

Claim Amount:

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	

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