

Your Vat No. : 4220222386

PORBOXM176ZA LIQUOR STORE (RETAIL) STRYDOM PLAZA LIQUOR STORE (RETAIL)
SHOP 1
CHAMAKALA HARMONY LIQUOR STRYDOM PLAZA
LULEKANI PORTION 7 OF FARM EDINURGH
MOPANI
1392 NTV/024154
015 783 0001

STR024 HW 80827763 CT 13/08/24 80195294

BELGINTON440ML 4.000BELGRAVIA TONIC CAN 440ML 400.00 1600.00-
UPL-1722517108211 - LEAKING STOCK UPLIFTED

4.000-

1600.00-

240.00-

1840.00-

TERMS : CASH

Val Rossouw

Singam Prizer

From:

Sent:

To:

Subject:

Val Rossouw

05 August 2024 10:47 AM

Val Rossouw

FW: Request Upliftment - STR024;1722517108211



Power Automate

Request Upliftment - STR024;1722517108211

Requested by Thobane Macitheka
<Thobane.Macitheka@halewood.co.za>

Person Requesting Approval:

Thobane.Macitheka@halewood.co.za

Customer Account Number: STR024

Reason for upliftment: LEAKERS

Description: 1842472 - 4cs Belgravia Tonic 440ml

Arranged with: Rakish0843174603

Warehouse to uplift: HW

Date Created: Thursday, August 1, 2024 1:05 PM GMT



Leak

Approve >

Reject >

Nicholas
NB

View this Approval on the Power Automate Portal here

FGF292L

8082-7763

Get the Power Automate app to receive push notifications and grant approvals from anywhere. [Learn more](#)

Did you find this email helpful? [Yes](#) [No](#)

Smuts Street
Rocky's Drift
Nelspruit
1200

Smuts Street
Rocky's Drift
Nelspruit
1200

Kirk Distribution

Werner@kirkgroup.co.za

KIRK LOGISTICS NELSPRUIT

013 758 2285

REQUEST FOR CREDIT - CR85465 2024-08-13 09:28:57

LOAD SHEET Reference - LSID , DATE Delivered -

Reg. No.	Truck Description	Load Capacity	Driver Name	Dispatcher	Checker
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Reason for Credit: Leakage

Brief Description of Credit:

Principal Customer Code:

Customer Name: STRYDOM PLAZA LIQUOR STO

Doc. Date: 2024-08-05 Doc. Ref: UPL-17225171 GRV: S Credit Type: Upliftment Invoice Amt: R 0

Stock Code	Stock Description	Unit	Packsize	Reason Code	Reason	Batch	QTY
HBELGINTON440	BELGRAVIA TONIC CAN 4 X 6 X 440ML	CS	24 x 440ML	R5	Leakage		4

Total Number of Items to be credited on Document Ref: UPL-1722517108211 (1 Product Type) 4

Authorized by: _____

[date]