

7-03-2024 06:07:00

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TAX INVOICE

REPRINT

Copy Tax Invoice



Building 3, Maxwell Park, Magwa Crescent, Waterfa
City, Midrand, 2090
Vat Reg: 4750101802 NLA: RG0000525
Customer Service Telephone: 0800 600 230

Invoice Number 9745185514	SAP Order 117381890	Sap Order Date 20.03.2024	Account Number 198397	GRV Required YES
Invoice Date 26.03.2024	PO Number 4736397254@12h00	Delivery Date 27.03.2024	Plant / Bay CNS	Order type Duty Paid
Invoice Address PICK N PAY DC PHILLIPI MA05, CNR NEW OTTERY & WOODLANDS ROADS, 7800, Ottery		Delivery Address TRIB CENTRE (G) PHILLIPI CNR OLD LANSOWANE & OTTERY RDS 7800, Ottery		
Payment Terms 30 days from statement Bank : CITIBANK N A SOUTH AFRICA SANOTON 0200079094 / 350005 Customer VAT Number: 4090105588				

Product	Description	QTY	UOM	List Price	Customer Discount	Promotional Discount	Amount excl Vat	Vat	Amount inc
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786393	Gordons Dry 6in 20c1	90	CAS	512.64			46,137.50	6,920.64	53,058.14
786425	Gordons Dry 6in 75c1	900	CAS	1,761.12		-31,698.00	1,553,310.00	232,996.50	1,786,306.50

ANY RETURNS MUST BE NOTED ON THIS DOCUMENT AND ITS COPY

Sales Order Notes Notes:	Receipt From Diageo	Name	Signature	Date
	Receipt From Customer	Name	Signature	Date
Taxable Value Rand Vat Rate Tax Amount Rand Total Due ESD Currency				



Inspired by you

Goods Receipt / AOD

Page : 1 of 1

Date Printed: 27.03.2024 11:39:21

Date Posted: 27.03.2024 11:34:51

From: Diageo South Africa (Pty) Ltd
Magwa Crescent West
MIDRAND
2090
Tel: +27100038100
Fax: 0100038100

To: Philippi DC Groceries
ERF 40 Springfield, Ottery Rd
PHILIPPI
7935
Tel: 021 690 2400
Fax:

Vendor Number: 1000008108
EWM Delivery Number: 11760993
Goods Receipt Number: 187752770
Purchase Order Number: 4736397254
Vendor Invoice Number: 9746185614

Company Reg No: 1973/004739/07
VAT Reg Number: 4090105588

Article Number	Description	Barcode	UoM	Received Qty	Pack Size	Mixed Lug
168499	GORDON'S GIN 200ML	6001496040178	CS	90	12	
244044	GORDON'S GIN 750ML	6001496040093	CS	900	12	

Total Qty Received 990

Pick n Pay PHDC GROC
RECEIVING
DATE: 27 MAR 2024
PRINT NAME: *[Signature]*
SIGN: *[Signature]*

Received by:

Checked By Senior Receiving Manager:

Driver's Name:

Driver's ID No / Driver's Licence No:

Vehicle Registration:

AMSOB0513 ()

Name (print)

Signature

Name (print)

Signature