Tax Invoice

Alternative Beverage Corporation

The Alternative Beverage Corp (Pty) Ltd

Postal Address:
P O Box 7198
Northern Paarl
7646

Physical Address:
Unit 12 Ever Green Park
471 Sam Green Road, Green Hills
Tunney EXT 6, Germiston
2057

Telephone 1: 0861 744 447
Liquor License: RG 000265
Facsimile: 021 870 1139
VAT No: 4520133960
Delivery Day: Wednesday

To: **PNP Philippi DC (MA05)**
Delivery Address:
Erf 40 Springfield Ottery
Cape Town
7935
CHEP PALLETS

Pick n Pay Retailers (Pty) Ltd
VAT No: 4090105588
Postal Address:
Po Box 23087
Claremont
7735

Account PNP423
Date 09/11/2023
Warehouse 013
External Order 4731101850
Our Reference INV47366

Code	Item Description	WHS	Warehouse Name	QTY	Unit	Price (Ex)	Price (In)	Disc %	Total Excl	Tax	Total (Incl)
CJ BG	Cactus Jack Bubblegum	013	Liquor Runners CPT	23.00	Case06.750	880.02	1 012.02	0.0 %	20 240.00	3 036.00	23 276.00

BOOKIN SLOT
Date: 15/11 WED
Time: 14:00pm

Received by _____

Date _____

Signed _____

BANK DETAILS

Bank Name: First National Bank
Bank Account: 62553290869
Branch Code: 210243

Kindly use your Account Number as Reference when processing payments. Thank you.

Total (Excl)	20 240.00
Tax	3 036.00
Total (Incl)	**23 276.00**
Discount	0.00
Total (Incl)	**23 276.00**

Pick n Pay
Inspired by you

Goods Receipt / AOD

Date Printed: 15.11.2023 12:41:10
Date Posted: 15.11.2023 12:08:06

From: The Alternative Beverages Corporation
PO Box 16714
GERMISTON
1612
Tel: 0118224080
Fax: 011 8226 300

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

Vendor Number: 1000005075
EWM Delivery Number: 11141246
Goods Receipt Number: 187549162
Purchase Order Number: 4731101850
Vendor Invoice Number: INV47366

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

Article Number	Description	Barcode	UoM	Received Qty	Pack Size	Mixed Lug
567521	CACTUS JACK BUBBLE GUM TEQUILA 750ML	6005238002769	CS	23	6	

Total Qty Received 23

Pick n Pay PHDC GROC
RECEIVING
DATE: 15 NOV 2023
PRINT NAME:
SIGN:

Received by: SVANYAZA961 ()

Checked By Senior Receiving Manager: Name (print) Signature

Driver's Name: Name (print) Signature

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

Vehicle Registation: