



Tax Invoice

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 Turney EXT 6, Germiston 2057

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

Alternative Beverage Corporation

To: Diamonds Discount Liquors Brackengate DC

Delivery Address: Fruit & Veg City Head Office London Circle Brackengate Business Park Brackenfell

Diamonds Discount Liquors (Pty) VAT No: 4290241308

Postal Address: Diamonda Discount Liquors (Pty) Ltd Fruit & Veg City Head Office London Circle Brackengate Business Park

Account DIA001
Date 16/05/2024
Warehouse 013
External Order 166#000001465
Our Reference INV51438

Code	Item Description	WHS	Warehouse Name	QTY	Unit	Price (Ex)	Price (In)	Disc %	Total Excl	Tax	Total (Incl)
CJ OR	Cactus Jack Original Sours	013	Liquor Runners CPT	5.00	Case06.750	732.78	842.70	0.0 %	3 663.91	549.59	4 213.50
LV CC	Lovoka Creme Caramel	013	Liquor Runners CPT	2.00	Case06.750	735.03	845.28	0.0 %	1 470.05	220.51	1 690.56
LV CA	Lovoka Caramel	013	Liquor Runners CPT	6.00	Case06.750	1 090.80	1 254.42	8.0 %	3 010.61	451.59	3 462.20

Liquor Runner Cape Town (Pty) Ltd
is a registered National Distributor
REG. NO. RG004327

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)	8 144.57
Tax	1 221.69
Total (Incl)	9 366.26
Discount	0.00
Total (Incl)	9 366.26

FOOD LOVER'S MARKET

Goods Received Note

PO Number: 1465.166003

Supplier: THE ALTERNATIVE BEVERAGE

References 1: 51438

2:

3:

Telephone:

Delivery	93902
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Arrival date: 20/05/2024 08:04

Delivery date:

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Supplier SKU	SKU	Description	Advised	Received
TAB001	53091	CACTUS JACK ORIGINAL 750ML	5	5
TAB001	62750	LOVOKA CARAMEL 750ML	3	3
TAB001	80965	LOVOKA CREME CARAMEL 750ML	2	2
Total:			10	10

		20/05/2024 13:42	
Name:	Signature:	Date:	Company Stamp: