

Pernod Ricard
South Africa

Building 6, Country Club Estate, 21 Woodlands Drive
Woodmead, Sandton, GAUTENG, 2191
Phone: 011 802 0600 Fax: 011 802 0620

Reg No: 1994/004256/07
Vat No: 4670144973



Tax Invoice

Buyer: Pick n Pay Retailers (Pty) Ltd
PNP Corporate - Philippi DC (MA05)
7 Ottery Road
Springfield
Ottery

Consignee:
PNP Corporate - Philippi DC (MA05)
7 Ottery Road
Springfield
Ottery

Doc No: 1471911
Date: 2024-02-05
Customer: 62060
Branch / Plant: CPTD
Warehouse Ll: RG/0004327
Order No: 1344449 SO
Liquor License: NLA Ref : 12843

Buyer's VAT: 4090105588

Requested Date: 2024-02-05

Customer PO: 4734603067

Currency: ZAR

Payment Term: 30 Days from statement 1.5%

Item number	Description	UoM	Qty	Unit Selling Price	Discount	VAT	Total Amount
141934	Malfy Con Limone 6x750ml 43% 4.2500	EA	12.00 ✓	342.71	-4.25	609.23	4,061.52
148103	Kahlua 12x750ml 16% 1.8333	EA	168.00 ✓	221.03	-1.83	5,523.76	36,825.05
161104	Inverroche Gin Amber 6x750ml 43% 9.4167	CA	20.00 ✓	399.63	-9.42	7,023.84	46,825.60
Total VAT						13,156.83	100,869.00
COD Total							99,355.97
Total Including							

Banking Details

Bank: ABSA
Account No: *****7386
Branch 632005



Received in good order on behalf of customer

Name: _____
Signature: _____
Date: _____

From: Pernod Ricard SA (Pty) Ltd
Suite 40
CAPE TOWN
8001
Tel: 0214058800
Fax: 0214058869

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

Vendor Number: 1000002142
EWM Delivery Number: 11537565
Goods Receipt Number: 187682336
Purchase Order Number: 4734603067
Vendor Invoice Number: RI1471911

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

Article Number	Description	Barcode	UoM	Received Qty	Pack Size	Mixed Lug
701345	MALFY CON LIMONE GIN 750ML	5000299296363	EA	12 ✓	1	
247593	KAHLUA LIQUEUR 750ML	7610594252124	EA	168 ✓	1	
612833	INVERROCHE GIN AMBER 750ML	6009900258614	CS	20 ✓	6 ✓	
937935	MALIBU PINA COLADA 300ML	36007608004428	CS		24	
517274	ABERLOUR 12YO DBL CASK WHISKY 750ML	5000299298220	EA		1	

Total Qty Received 200

Pick n Pay PHDCGROC
RECEIVING

DATE: 09 FEB 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:

KSTAGG025 (KASHIEFA STAGGIE)

Name (print) _____ Signature _____
Name (print) _____ Signature _____

