

PROFUMI D'ITALIA MARKETING CC
Importers & Distributors of Italian liquors

82 Ascot Road
Milnerton
7441
Cape Town

BOTTEGA

CK: 200512646223
VAT: 4890229612
TEL: 0027 21 554 4831
CELL: 0027 81 357 0419
Liquor License: RG0002675
Online License: WCP/043548
Orders: ordersgauteng@profumi.co.za
Accounts: accounts@profumi.co.za

Tax Invoice

Date 05/12/24

Page 1

Document No IT5486

Spar Western Cape Consolidated Account
P O Box 18294
Wynberg 7824

ATTENTION: Anthea Julie
Email: creditors.wc@spar.co.za

**TERMS: 30 Days from
Invoice**

Deliver to

Kwikspar Eastcliff 35669
251 Main Road
Eastcliff
Hermanus
Liq Lic: WCP/011252

Account	Your PO Number	Tax Reference	Sales Code
SPARWC	35669 KWIKSPAR EASTCLIFF		KO&MO

Code	Store	Description	Quantity	Unit Price	Net Value (ex Vat)	Disc%	VAT	Total (inc Vat)
1009	LC	Bottega Limoncino-Limoncello 500ml	36	290.86	10,470.96		1,570.64	12,041.60
2058	LC	VOGA Rose Sparkling Wine 750ml	24	219.00	5,256.00		788.40	6,044.40
ORDER BY NADIA								

Liquor Runner Cape Town cc.
is a registered National Distributor
REG. NO. RG004327

Payment is due strictly as per account terms.

Ownership is not transferred until amount due is paid

Please keep this invoice to return any merchandise within 60 days.

Goods must be returned in a saleable condition

A handling fee of R75.00 will be charged on all returns.

BANK DETAILS: PROFUMI D'ITALIA MARKETING CC

First National Bank : Universal Branch Code 250 655

FNB Tableview

Acc No: 62096729 169

Please use your account code as your reference

for payments: SPARWC

Sub Total	15,726.96
Discount @ 0.00%	0.00
Amount Excl Tax	15,726.96
Tax	2,359.04
Total	18,086.00

Received in good order

Signed _____ Date _____

Print name _____

33

ST

Koeriers
Couriers

Belastingfaktuur / Tax Invoice

Fast and efficient - *Vinnig en doeltreffend*
CC 96011820/23 VAT/BTW 4520156276PROTON ROAD 12
TRIANGLE FARM
STIKLANDTEL: 021 948 1510 / 021 948 1511
FAX/IFAX: 021 948 1754
SEL/CELL: 082 823 2872
079 898 6131

6327208

VAN: AFSENDER / FROM: SENDER				AAN: ONTVANGER / TO: CONSIGNEE			
NAAM/NAME: _____				NAAM/NAME: _____			
ADRES/ADDRESS: _____				ADRES/ADDRESS: _____			
KONTAK/CONTACT: _____				KONTAK/CONTACT: _____			
BETAAL DEUR / PAID BY: _____		AFSENDER / SENDER ☐		ONTVANGER / CONSIGNEE ☐		KBA / COD ☐	
AANTAL/QTY		BESKRYWING/DESCRIPTION		VOL. L B H		GEWIG/MASSA	
						BEDRAG/AMOUNT	
LIABILITY INSURANCE		JAYES ☐		NEE/NO ☐		WARDE/VALUE ☐	
						VERSEKERING/INSURANCE	
FAKTUUR NO./INVOICE NO.						ADMIN	
						BTW/VAT	
						TOTAAL/TOTAL	
						CONFIRMATION THAT GOODS WERE RECEIVED IN GOOD ORDER.	
						NAAM IN DRUKSKRIJF/NAME IN BLOCK LETTERS	
KOERIER HANDTEKENING / COURIER SIGNATURE		DATUM/DATE		AFSENDER HANDTEKENING / SENDER SIGNATURE		DATUM/DATE	
1. WIT - KANTOOR		2. PINK - BELASTINGFAKTUUR		3. BLAU - ONTVANGER		4. GEEL - AFSENDER	
Bank Details: Name: ST Koeriers		Bank: ABSA BANK		Account no: 400149933		Acc Type: Cheque Account	
		Branch: Paarl		Branch Code: 632005			

FormIdeation 082 893 1197 Item No F57797 (01/22)

Date Printed: 13.12.2024 12:51:14
Store DSD Receiving POD (Proof of Delivery)
WF20 Family Franschhoek
POD Date/Time: 13.12.2024 12:51:13
Profumi D'Italia Marketing CC 1000001132

=====DELIVERY=====

Purchase Order: 4746929846

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ASN Number:
Invoice Number: IT5553
Vehicle Trip Number: 49246373
Received By: KMATSHINI902 (Khaya Matshini)
Vehicle Registration: HSZ139FS
Driver: Joseph
Terminal ID: WF20BD02

Goods Receipt Document / Year: 5010245119
2024

=====GOODS RECEIVED=====

Article Description
Barcode Quantity X Mass Pack

BOTTEGA BARRICATA GRAPPA 1L
8005829931704 1 X 6

BOTTEGA BIANCO ALDO GRAPPA 1L
8005829416614 1 X 6

SKU Tot: 12
Totals: 2

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Driver's Name: LE 207.....(print
)

Driver's Signature: [Signature].....

Received By: Khaya Matshini.

Signature: [Signature].....



Belastingfaktuur / Tax Invoice

Fast and efficient - *Vinnig en doeltreffend*
CC 96011820/23
VAT/BTW 4520156276

PROTON ROAD 12
TRIANGLE FARM
STIKLAND

TEL: 021 948 1510 / 021 948 1511
FAX/FAX: 021 948 1754
SEL/CELL: 082 823 2872
079 898 6131

6537110

FormIdeation 082 893 1197 Item No F57797 (01/22)

NAAM/NAME: _____		AAN: ONTVANGER / TO: CONSIGNEE _____	
ADRES/ADDRESS: _____		ADRES/ADDRESS: _____	
KONTAK/CONTACT: _____		KONTAK/CONTACT: _____	
BETAAL DEUR / PAID BY: _____	AFSENDER / SENDER _____	ONTVANGER / CONSIGNEE _____	
AANTAL/QTY _____	BESKRYWING/DESCRIPTION _____	VOL. _____	KBA / COD _____
		L _____	B _____
		H _____	REKENING / ACCOUNT _____
		GEWIG/MASSA _____	BEDRAG/AMOUNT _____
LIABILITY INSURANCE	JAYES ☐ NEE/NO ☐ WAARDE/VALUE _____		
FAKTUUR NO./INVOICE NO. _____		VERSEKERING/INSURANCE _____	
BY SIGNING, THE CLIENT ACKNOWLEDGES HAVING READ, UNDERSTOOD, AND AGREED TO THE STANDARD CONDITIONS OF CARRIAGE AS STATED ON THE BACK OF THIS WAYBILL.			
KOEIER HANDTEKENING / COURIER SIGNATURE _____		DATUM/DATE _____	
AFSENDER HANDTEKENING / SENDER SIGNATURE _____		DATUM/DATE _____	
1. WIT - KANTOOR	2. PINK - BELASTINGFAKTUUR	3. BLOU - ONTVANGER	4. GEEL - AFSENDER
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NAAM IN DRUKSKRIJF/NAME IN BLOCK LETTERS _____			
Branch: Paarl Branch Code: 632005			