

DISPATCHER:

NAME: MICHELLE FRANCIS

DATE: 11 OCTOBER 2024

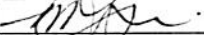
DEPARTMENT: LOGISTICS

DESTINATION OF DELIVERY:

NAME: LIQUOR RUNNERS CAPE TOWN

ADDRESS: CNR RANGE AND ANFIELD ROAD, BLACKHEATH, CAPE TOWN

CONTACT: PHONE:

ORDER NUMBER:	SO:	INVOICE:	WAYBILL:
Product weight by:	MICHELLE FRANCIS		
Signature:			
Date:	11.10.2024		
By signing this form, the transporter accepts responsibility of the enclosed stock for the duration of this delivery., and excepts liability for said stock should the recipient find an item(s) missing from their delivery. A signed copy of this document should be given to the driver, this must be given to the recipient upon delivery.			
TRANSPORTER INFORMATION			
COMPANY NAME:			
VEHICLE REGISTRATION:			
DRIVER NAME:			
DATE AND TIME:			