Signed Liquor Runners Durban DEBRIEFED

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: Farm Direct

To: **PNP KZN DC (MA08)**
Delivery Address:
Cnr 80 Goodwood & Mahogany Roads
Westmead
Pinetown
Kwazulu Natal
3610

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

Account PNP455
Date 30/07/2024
Warehouse 020
External Order 4741377730
Our Reference INV52964

Code	Item Description	WHS	Warehouse Name	QTY	Unit	Price (Ex)	Price (In)	Disc %	Total Excl	Tax	Total (Incl)
CJ ORG	Cactus Jack Original Sours	020	Liquor Runners KZN	23.00	Case06.750	732.78	842.72	0.0 %	16 854.40	2 528.16	19 382.56

BOOKING SLOT
Date: 02/08 FRI
Time: 09:30am

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)	16 854.40
Tax	2 528.16
Total (Incl)	**19 382.56**
Discount	0.00
Total (Incl)	**19 382.56**

Pick n Pay
Inspired by you

Goods Receipt / AOD

Date Printed: 02.08.2024 08:48:20
Date Posted: 02.08.2024 08:47:28

From: The Alternative Beverages Corporation
PO Box 16714
GERMISTON
1612
Tel: +27118224080
Fax: 0118226300

To: KZN DC Perishables
PO Box 154
PINE TOWN
3620
Tel: 0317006000
Fax: 0317006200

Vendor Number: 1000005075
EWM Delivery Number: 12314938
Goods Receipt Number: 1800025669
Purchase Order Number: 4741377730
Vendor Invoice Number: INV52964

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

Article Number	Description	Barcode	UoM	Received Qty	Pack Size	Mixed Lug
265489	CACTUS JACK TEQUILA ORIGINAL SOUR 750ML	6005238002745	CK	23	6	

Total Qty Received 23

Received by: NNGCONGO597 (NKOSIKHONA NGCONGO)

Checked By Senior Receiving Manager: Name (print) Signature

Driver's Name: Name (print) Signature

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

Vehicle Registation: