



**INDEPENDENT  
LIQUOR**

Commodity Procurement Services T/A Independent Liquor SA  
Cosmo Business Park  
81 Malta Street Cosmo City Ext 15 - 2188  
0117086542/3  
Liquor Licence: GLB7000000928  
VAT No - 4040145486

# TAX INVOICE

Invoice: **98589**

Invoice Date	: <b>03/12/2024</b>	Salesperson	: <b>HO</b>
Terms	: <b>Due end of next month</b>		
Order No:	: <b>4746567784</b>		

<b>Bill To</b>	<b>Ship To</b>
Pick 'n Pay Retailers (Pty)Ltd. PO Box 23087 Claremont 3375	Pick 'n Pay - Stutterheim - EF29 2 Maclean Street Corner Qumza Highway & Billie Rd Stutterheim Eastern Cape 4930 VAT:4090105588 EFST0003

Item & Description	Item Code	Warehouse	Qty	Unit Price	VAT %	Net Price (Excl)
Double Act - Strawberry Liqueur & Vanilla Cream Liqueur - Tray of 20 Shooters - 6009888384213	SHOST2 0	EL - Brewmaster	1.00 Tray	359.34	15.00	359.34

BANK DETAILS - COMMODITY PROCUREMENT SERVICES NEDBANK Branch Code: 128605 A/C No. 101 870 2253 REF: <b>98589</b>	Sub Total (excl) 359.34 VAT (15%) 53.90 <b>Total R413.24</b> <b>Balance Due R413.24</b>
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## Notes

Thank you for your business - We really do appreciate it.

## Terms & Conditions

We cannot be held responsible for shortages for stock not checked.  
Please also note we are not responsible for stock that has expired in your store!

**PLEASE CHECK STOCK BEFORE SIGNING & ACCEPTING!!**

**IF THERE ARE ANY ISSUES.  
SIGN WITH NAME.**

Handwritten signature

bill 16 24

Date Printed: 05.12.2024 07:18:34  
Store DSD Receiving POD (Proof of Delivery)  
EF29 Family Stutterheim  
POD Date/Time: 05.12.2024 07:18:34  
Commodity Procurement Services 100000139

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=====DELIVERY=====

Purchase Order: 4746567784

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ASN Number:

Invoice Number: 98589

Vehicle Trip Number: 49153491

Received By: CBL0M065 (Carlyn Deidre Blom)

Vehicle Registration:

Driver:

Terminal ID: EF29BDW0466151

Goods Receipt Document / Year: 5009966088  
2024

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

Article Description

Barcode

Quantity X Mass Pack

DOUBLE ACT STRAWBERRIES & CREAM 30ML

6009888384213

1 X 20

SKU Tot:

20

Totals:

1

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

Driver's Signature: .....

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Received By: Carlyn Deidre Blom.

Signature: