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## Tax Invoice

## Charge To:

542-100051

OK FOODS EASTERN CAPE P O BOX 12359 **PORT ELIZABETH** 6001 CENTRAHILL ELIZE FOURIE/ CARL COETZER

Oos Londen LR Posbus 544 UPINGTON, 8800 South Africa

Registration No. Liquor Licence No. VAT Registration No. NCR No. 2023/694851/07 RG0000760 4550115309 NCRCP20019

**Ship-to Address** 

**OK LIQUOR KIDDS BEACH 2343** SHOP 7 KIDDS BEACH SHOPPING CENTRE KIDDS BEACH MAIN ROAD, EAST LONDON 5201 EAST LONDON-NEEDS CAMP

Email | debtors@owk.co.za PE REP 1

Salesperson **External Document No.** 1978525 / 103#000002427

Customer VAT Reg. No: Invoice No. Document Date

4740284122 RI14268261

14 November 2024 Due Date 31 December 2024 Customer Liquor Licence No. | ECP/25636/3026(DES20

No.	Description	Quantity	Unit of Measure	Unit Price Excl. VAT	Disc. %	VAT %	Line Amount Excl. VAT
22086	DELUSH NATURAL SWEET RED 5L	1	4 X 5L	585.32	-5%	15	556.05
22091	DELUSH NATURAL SWEET ROSE 750ML	1	12 X 750ml	462.72		15	462.72
31033	ORC RED JEREPIGO 750ML	1	6 X 750ml	519.24	-5%	15	493.28
31010	ORC WHITE JEREPIGO 750ML	1	6 X 750ml	519.24	-5%	15	493.28
31020	ORC RED MUSCADEL 750ML	1	6 X 750ml	519.24	-5%	15	493.28
31061	OLD BROWN TETRA 1L	1	12X1L	545.16	-5%	15	517.90
26001	THE HEDGEHOG COLOMBARD 750ML	1	6 X 750ml	319.14	-5%	15	303.18
26008	THE HEDGEHOG SHIRAZ 750ML	1	6 X 750ml	372.60	-5%	15	353.97
	Rounding (10c)	1		-0.01		0	-0.01
	Total Litres	86.00		Subtotal		3,673.65	
				VAT Amount			551.09
				Total R Incl. VAT			4.224.70

**Banking Details:** 

Bank	First National Bank (FNB)
Account No.	622 889 320 83
Bank Branch No.	230604
Your Reference	542-100051

No expired stock will be credited on accounts.

IMPORTANT NOTICE: Our banking details have not changed. We will not be liable for any loss that may be suffered resulting from any payment by you to an incorrect bank account (or bank account purporting to be Orange River Cellars). Please also pay special attention to any e-mails you may receive purporting to emanate from our offices, which may resemble our e-mail domain, regarding any change in banking details.





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Receiver Name:	Date Received:	Signature:	

CLAIMS NUMBER.

NO. OF CASES:
RECEIVED IN GOOD ORDER:

BIGNATURE:

PRINTED NAME:

CLAIMS NUMBER.

PRINTED NAME:

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