



Alternative Beverage Corporation

Tax Invoice

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

Liquor P. 100's Durban

DECEASED

Telephone 1:

086 774 4447

Liquor License:

R 500265

Facsimile:

021 870 1139

VAT No:

4520133960

Delivery Day:

Farm Direct

To: PNP KZN DC (MA08)

Delivery Address:

80 Goodwood Mahogany Road

Westmead

Kwazulu Natal

3600

Pick n Pay Retailers (Pty) Ltd

VAT No: 4090105588

Postal Address:

P.O Box 23087

Claremont

7735

Account PNP455

Date 28/11/2023

Warehouse 020

External Order 4731864147

Our Reference INV47770

Code Item Description

LV CA Lovoka Caramel

CJ OR Cactus Jack Original Sours

BOOKING SLOT

Date: 06/12 WED

Time: 10:30

WHS Warehouse Name

QTY Unit

Price (Ex)

Price (In)

Disc %

Total Excl

Tax

Total (Incl)

020	Liquor Runners KZN	10.00	Case06.750	1 090.80	1 254.42	10.0 %	9 817.20	1 472.58	11 289.78
020	Liquor Runners KZN	24.00	Case06.750	732.78	842.72	0.0 %	17 587.20	2 638.08	20 225.28

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)

Tax

Total (Incl)

Discount

Total (Incl)

31 515.06

27 404.40

4 110.66

31 515.06

0.00

From: The Alternative Beverages Corporation
PO Box 16714
GERMISTON
1612
Tel: 0118224080
Fax: 011 8226 300

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

Vendor Number: 1000005075
EWM Delivery Number: 11217068
Goods Receipt Number: 187572911
Purchase Order Number: 4731864147
Vendor Invoice Number: INV47770

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

Article Number	Description	Barcode	UoM	Received Qty	Pack Size	Mixed Lug
485056	LOVOKA VODKA CARAMEL 750ML	6005238002660	CS	10	6	
265489	CACTUS JACK TEQUILA ORIGINAL SOUR 750ML	6005238002745	CK	24	6	

Total Qty Received 34

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 Registration:

