

SHOPCHECK
SHOPRITE - CHECKERS (PTY) LTD
 PO Box 215
 7561 Brackenfell
 7561
 VAT REG NO: 4420106777

CHLAFF
SHOPRITE LIQUORSHOP FLAGSTAFF SQUA
 070441
SHOP 23 FLAGSTAFF SQUARE, ERP 260
EASTERN CAPE
 4810

Warshay Investments Pty Ltd t/a KMW
 PO Box 528, Suider Paarl 7646
 Telephone: 021 - 8073511
 Reg. No. 2012/018792/07
 Vat Reg No: 4110261833
 FAIRTRADE: FLO-ID 28503



Customer Order Date: 29.02.2024
Customer Order Number: 1146627460
KMW Order Number: 110904405
Loading Status:
Gross Weight : 24.800Kg

Document Type: TAX INVOICE
Document No: 0041075361
Document Date: 29.02.2024
Delivery date: 04.03.2024
Page: 1 of 1

REMARKS: FOR ANY QUERIES CONTACT KMW QUERIES ON 0861 598 598 OR queries@kmw.co.za

Code	Picking Code	Item Description	Case	Pack	Qty	Unit Price	Disc 1	Disc 2	Net Price Per Pack	Total exc VAT	VAT	Total Inc VAT
901032	700025233	Hooch Blast Black Currantc 4(6x275m	CS	24 x 275	1.0	256.92	0.80		256.85	256.85	38.53	295.38
901361	700024481	CIAO Mango 6x2Lc Bag In Box	CS	6 x 2000	1.0	556.92	1.30		549.68	549.68	82.45	632.13
ITEMS NOT SUPPLIED:												
901408	700025946	Bug Booster Shooter 10(15x20ml)	CS	150 x 20	10	Not enough stock						
901405	700025947	Bug Blue Shooter 10(15x20ml)	CS	150 x 20	6	Not enough stock						
901406	700025945	Bug Red Shooter 10(15x20ml)	CS	150 x 20	6	Not enough stock						
901395	700025120	Bug Stag 10(15x20ml)	CS	150 x 20	6	Not enough stock						
DUP - Duplicated Order MOD - Not Ordered Delivered by Liquor Runner Durban 30 HILLCLIMB ROAD MANIOGANY RIDGE WESTMEAD												
Received in good order on behalf of Customer Name: Signature: Date:												
Depot Signature For Receipt from Customer Name: Signature: Date:												
Payment Terms: End nxt mth inv before 25th Currency: ZAR												
Bank Details: Cheque Acc Name: Warshay Investments (Pty) Ltd Bank: FNB Acc: 6300 328 6845 Branch: 250655												
806.53 120.98 927.51												

Liquor Runners Durban
 DEBRIEFED
 Signed: _____

FLAGSTAFF SQUARE LS 70441
 GRN NO: 00884
 DATE: 04-03-24
 SHORTAGE: _____
 CLAIM NO: _____
 NO. OF CARTONS: _____
 RETURNS: _____
 CLAIM NO: _____
 RECEIVED BY: _____
 EMPLOYEE NO: _____
 SIGNATURE INVALID UNLESS GRN NO IS QUOTED