



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 477 Saff Green Road Green Hills 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: 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 18/09/2023
Warehouse 020
External Order 4728831218
Our Reference INV46159

Code	Item Description	WHS Warehouse Name	QTY	Unit	Price (Ex)	Price (In)	Disc %	Total Excl	Tax	Total (Incl)
CJ BG	Cactus Jack Bubblegum	020 Liquor Runners KZN	23.00	Case06.750	880.02	1 012.02	0.0 %	20 240.40	3 036.06	23 276
CJ OR	Cactus Jack Original Sours	020 Liquor Runners KZN	23.00	Case06.750	732.78	842.70	0.0 %	16 854.00	2 528.10	19 382

BOOKING SLOT
Date: 22/09 FRI
Time: 11:00am

Liquor Runners Durban
DEBRIEFED

DATE: _____
TIME: _____

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)	37 094.
Tax	5 564.
Total (Incl)	42 658.
Discount	0.
Total (Incl)	42 658.4

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: 10887387
Goods Receipt Number: 187465601
Purchase Order Number: 4728831218
Vendor Invoice Number: INV46159

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

Article Number	Description	Barcode	UoM	Received Qty	Pack Size	Mixed Lug
567521	CACTUS JACK BUBBLE GUM TEQUILA 750ML	6005238002769	CS	23	6	
265489	CACTUS JACK TEQUILA ORIGINAL SOUR 750ML	6005238002745	CK	23	6	

Total Qty Received 46

Received by:

Checked By Senior Receiving Manager:

Driver's Name:

Driver's ID No / Driver's License No:

ZMKHIZE012 (i)

Name (print)

Name (print)

Signature

Signature