

TAX INVOICE



Customer Checkers Liquor Hillcrest 50487
VAT No. 4420106777
Liquor License No. KZNLA/ETH/02/0411142630
Bill to Cust No. CHK999
Sell to Cust No. CHLHIL
Delivery Address: Checkers Liquor Hillcrest 50487
 Shoprite Checkers (Pty) Ltd
 Hillcrest
 Hillcrest Corner Mall Shop 53
 Old Main Road 1
 Durban, KwaZulu Natal 3610

Liquor Runners Durban
 DEBRIEFED
 Signed: _____

Page 1 of 1
Meridian Wine Distribution (Pty) Ltd
 Cnr. Crompton Str & Shepstone Rd
 New Germany, 3620
 Pinetown

Phone No. (031) 705 9510
VAT Reg No. 4520181753
Liquor License No. RG0005535
Company Reg No. 1999/001626/07

Contact Name
Contact No.

Your Reference - 1139569640

Invoice No.	PS11013439	Posting Date	29/11/2023	Payment Terms	30 Days from Statement
SO No.	SO1108255	Due Date	30/12/2023	Promised Delivery Date	30/11/2023

Code	Description	Quantity	Unit of Measure	Unit Price Excl. VAT	Discount %	Total Excl. VAT
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CRAFT LIQUOR MERCHANTS

ESMGSOR	Gin Society Original	1	✓ 06 x 750ml	876.48		876.48
ESMGSPIN	Gin Society Pink	2	✓ 06 x 750ml	876.48		1,752.96

Craft Liquor Merchants Total **2,629.44**

Total ZAR Excl. VAT **2,629.44**

15% VAT 394.42

Total ZAR Incl. VAT **3,023.86**

LS HILLCREST (50487)
RECEIVING DOCUMENT FLOW:

Date : _____
 Inbound Del. No.: _____
 Receiving No.: _____
 SSR No.: _____
 Driver Name : _____
 Truck Reg. No.: _____

LIQUOR HILLCREST (50487)

GRN No. 004238 R. 30/11/23
 SHORTAGE RE. 3
 CLAIM No. CL. 0
 No OF CARTONS _____
 CONTENT NOT CHECKED
 RECEIVED BY: [Signature]
 FULL SIGNATURE _____
 EMPLOYEE No. 8916685
 SIGNATURE INVALID DATE _____

Thanks for your business.

BANKING DETAILS

Acc Name: Meridian Wine Distribution (Pty) Ltd
Bank Name: First National Bank

Branch: 250 655
Acc No: 62 204 833 744

Swift: FIRNZAJJ



Call Us
 0861 113 959

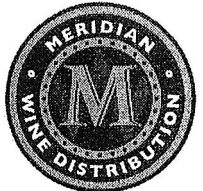


Email Us
orders@groupmeridian.co.za



Customer Service
query@groupmeridian.co.za

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Page 1 of 1

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Contact No.

Phone No. (031) 705 9510
VAT Reg No. 4520181753
Liquor License No. RG0005535
Company Reg No. 1999/001626/07

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Date: _____
 Librand Del. No.: _____
 Receiving No.: _____
 GRN No.: _____
 Driver Name: _____
 Truck Reg. No.: _____

LIQUOR HILLCREST (50487)
 GRN No. 4238
 SHORTAGE: _____
 CLAIM No.: _____
 No OF CARTONS: _____
 CONTENT NOT CLAIMED
 RECEIVED BY: _____
 FULL SIGNATURE: _____
 EMPLOYEE No.: 8916685
 SIGNATURE INVALID: _____

Thanks for your business.

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Email Us
 orders@groupmeridian.co.za



Customer Service
 queries@groupmeridian.co.za