

61 TORONTO STREET
APEX EXTENSION 1
BENONI 1501
TEL: +27 11 746 4200
FAX: +27 11 422 5888
VAT Reg No : 4590177624

BANKING DETAILS:
FIRST NATIONAL BANK
A/C NO: 62889748368
BRANCH CODE: 240129
REFERENCE: PICK070

PO BOX 2132
BENONI 1500
SOUTH AFRICA

Printed on: 09/12/2024
at: 15:51:39

INVOICE TO: PICK 'n PAY - HEAD OFFICE
ATT: BEVERLEY ABRAHAMS
PICK 'n PAY INLAND REGION
CORPORATE
P O BOX 908
BEDFORDVIEW
2008

DELIVER TO: PICK 'N PAY - GROOTBRAK (EF24)
12 CHARLES STREET
GREAT BRAK RIVER
EASTERN CAPE
WCP/034467

Shipping Instructions:



1892702
Supplier Copy
Tax Invoice

CUST ACC	CUSTOMER REF	STORE NO.	BR	OUR REF	REP	ORD DATE	INV DATE	TERMS	GA	CUST VAT NUM
PICK226	4746846394	EF24	HF	1974945	AH	08/12/24	09/12/24	30 Days	GE	4090205588

Stock Code	Description	Pack	Cases	Bottles	Wh	Unit Price	Line Value
SKILPADTEPEL 275	SKILPADTEPEL GIN RTD	CS	2	0	HF	343.48	686.96

DATE PRINTED: 11.12.2024 15:00:27
STORE DSD RECEIVING PCD (Proof of Delivery)
EF24 Family Groot Brak
PCD Date/Time: 11.12.2024 15:00:22
Halewood International South A 100000202

ASIN Number:
Invoice Number: 1892702
Vehicle Trip Number: 49222292
Received By: DBOTHA120 (Daniel Botha)
Vehicle Registration:
Terminal ID: EF24BDW0058112
Goods Receipt Document / Year: 5010173447
2024
=====GOODS RECEIVED=====

Article Description
Quantity X Mass Pack
Barcode
SKILPADTEPEL JINNETJIE RTD 275ML
6009394726054
SKU Tot:
48
2 X 24
Totals:

Driver's Name: (Print
Driver's Signature:
Received By: Daniel Botha.

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=====DELIVERY=====
Purchase Order: 4746846394

PAYMENT TERMS S	
TRANSPORTATION: PLEASE RECEIVE ABOVE GOOD	
Any discrepancy between goods received and those detailed in this Waybill should be immediately notified. No responsibility accepted for goods signed for unchecked No goods may be returned unless prior arrangements are made in writing Returns are subject to a 10% handling charge Commercial quality equipment is not to be used for lifting applications	
SUB-TOTAL	ZAR 686.96
VAT	ZAR 103.04
TOTAL	ZAR 790.00

VEHICLE REGISTRATION No: PRINT NAME: DATE:
SIGNATURE:

PRINT NAME:
SIGNATURE: DATE: