

TRANSFER ORDER

From Location LR05

Collection Address: 1 Abbattior Road
George Industria

Contact Name ANDERSONVILLE, WESTERN CAPE 6529

Contact No. +27 (44) 874 3241

To Location LR02

Delivery Address: c/o Range and Anfield Road
Blackheath

Contact Name BO-KAAP, Western Cape 8000

Contact No. +27 (21) 903 8874

Order Details

Transfer Order No. TO013797 Document Date 21/02/2024 Transfer Collection Date 23/02/2024 Transfer Delivery Date

Code	Description	Quantity	Unit of Measure	Weight	Transfer from Bin Code	Quantity Shipped	Transfer to Bin Code
INCMACBRDG	Brooks Hard Seltzer Dragon Granadilla	208.	24 x 300ml	1497.600			

DISTRIBUTION
LIQUOR RUNNERS GEORGE
REG 0002813



Page 1 of 1

29/02/2024

Quantity Received

DISTRIBUTION
LIQUOR RUNNERS GEORGE
REG 0002813

20406766

LRSA VARIANCE REPORT FOR SINGLE INVOICE

LIQUOR RUNNERS CAPE TOWN TO RECEIVE 2 PALLETS

TOO13797/LR05/LR02IBT

Scanned	St Code	St Desc	PackSize	Unit	Units QTY	Scan QTY	Variance
INCMACBRDG	Brooks Hard Seltzer Dragon Granadilla	24 x 300ml	CS	208	208	208.00	0
						208.00	0.00



Transfer OUT



4242413554

A Brambles Company

From:		References:		Dates :	
CHEP Global ID: 2700025159		Reference: T0013797 Other Reference: BROOKS		Shipment Date: 16/02/2024 Effective Date: 16/02/2024 Capture Date: 22/02/2024	
Address : Liquor Runner George CC 15 van der Stel Street 15 Van Der Stel Street BLOEMFONTEIN 9301 SOUTH AFRICA Tel: +270448743241 Fax: +270448743246 (0)00 0000000					
Transporter: Own Transport					
Vehicle Reg No: KL 64BB GP					
Shipped To:					
CHEP Global ID: 2700048462 Address: Liquor Runners Cape Town CC Kuilsriver 31 Industrie Street CAPE TOWN 7580 SOUTH AFRICA Tel: 0219038874 Fax: 0219033880					
Created by: Jacobs Tasmin :- pp-jacobstas tasmin@lrsa.co.za					
Equipment					
1-B1210A-1200x1000 Block Pallet					
Quantity					
2					
Total					
2					
Shipper's Signature		Received By		Driver Name	
CORNELIUS BLOW					
Date Received		Receiver's Signature and Date		Driver's Signature	



EMERGENCY
STEPH
083 444 4889
WARREN
082 322 2756
EDLEEN 1625
JOHANNESBURG 086 177 8000
CAPE TOWN 086 177 8001
DURBAN 086 177 8031
RIGHTSIDE UP P.O. BOX 9926 EDLEEN 1625
RIGHTSIDE UP DISTRIBUTION (PTY) LTD



POD COPY

WAYBILL NO.1
RSU1722366

ACCOUNT NO.

OFFICE REFERENCE

PARCEL INFO

SAMEDAY

OVERNIGHT

ECONOMY

BUDGET

10 AM

☐ SAMEDAY
☐ OVERNIGHT
☐ ECONOMY
☐ BUDGET
☐ 10 AM

☐ DOOR TO DOOR
☐ DOOR TO DEPT
☐ DEPT TO DOOR
☐ DEPT TO DEPT

SENDERS SIGNATURE
DATE 22/02/24

COLLECTION DRIVER
SIGNATURE
DATE 22/02/24

ALL INSURANCE COVER IS SUBJECT TO THE TERMS AND CONDITIONS OF THE UNDERWRITERS CONCERNED

PROOF OF DELIVERY
NAME
SIGNATURE
DATE
TIME

FREIGHT DETAILS				
NO OF	P/KGS	LENGTH (CM)	BREADTH (CM)	HEIGHT (CM)
TOTALS				

ACT VOL PER PIECE

SPECIAL INSTRUCTIONS

SENDERS REFERENCE

COMPANY NAME	
1	Liquor Runners George
2	1 Abbaier Road
3	George Indictoria
4	George
5	6529
6	CONTACT
7	TEL NUMBER
8	044 874 3241

COMPANY NAME	
1	Liquor Runners Cape Town
2	104 King and Amfield Road
3	Blackheath
4	TOWN / CITY
5	POSTAL CODE
6	8000
7	CONTACT
8	TEL NUMBER
9	021 903 8874

CONSIGNEE DETAILS

RIGHTSIDE UP DISTRIBUTION (PTY) LTD



Liquor Runner George

[Http://www.lrsa.co.za](http://www.lrsa.co.za)

044 874 3241

IBT INSTRUCTION / DISPATCH NOTE
CONSIGNEE - LIQUOR RUNNERS CAPE TOWN

CLMERC

TOTAL QUANTITY FOR IBT: 208
Number of Chepp: 2

IBT SPECIAL INSTRUCTIONS
T0013797/LR05/LR02IBT

Transport

RIGHT SIDEUP

Driver Name:

CORNELIUS BLOUW

Truck Reg Nr:

KL64BBGP

IBT Date:

2024-02-23

IBT Time:

00:00

Expected Delivery Date: 2024-02-29

LR Signature:

Driver Signature:



RIGHT SIDE UP DISTRIBUTION
2005/006052/07

JOHANNESBURG 086 177 8000
CAPE TOWN 086 177 8001
DURBAN 086 177 8031
RIGHTSIDE UP P.O. BOX 9926 EDLEEN 1625

EMERGENCY
STEPH 3 444 4889
WARREN 082 322 2756

SENDER'S DETAILS

CONSIGNEE'S DETAILS

WAYBILL NO.1

RSU1677878

ACCOUNT NO

OFFICE REFERENCE

PANCEL INFO

SAMEDAY

OVERNIGHT

ECONOMY

BUDGET

10 AM

COMPANY NAME

ADDRESS 1

ADDRESS 2

TOWN / CITY

CONTACT

COMPANY NAME

ADDRESS 1

ADDRESS 2

TOWN / CITY

CONTACT

SENDER'S REFERENCE

RECEIVER'S REFERENCE

SPECIAL INSTRUCTIONS

NO OF /KGS	FREIGHT DETAILS	LENGTH (CM)	BREADTH (CM)	HEIGHT (CM)	VOL	ACT PER PIECE
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10133712
2Pallets

TOTALS

PROOF OF DELIVERY

THE RECEIVER AGREES THAT THE GOODS ARE RECEIVED UNDAMAGED AND IN GOOD ORDER

NAME _____ SIGNATURE _____ DATE ____/____/____ TIME ____:____

COLLECTION DRIVER
PLEASE CHECK QUANTITIES BEFORE SIGNING

SIGNATURE _____

DATE _____

SENDER'S SIGNATURE

BY SIGNING THIS YOU AGREE TO THE COMPANY'S TERMS AND CONDITIONS

SIGNATURE _____

DATE ____/____/____

ALL INSURANCE COVER IS SUBJECT TO THE TERMS AND CONDITIONS OF THE UNDERWRITERS CONCERNED