

**admin1@prismakoeriers.co.za**  
 012 252 4970 061 527 3709  
 083 800 3892 061 587 2571

**Prisma Koeriers:**  
**Prisma Thaba:**  
**Prisma Gauteng:**

**WAYBILL Nr.**  
**P 162050**

PRISMA COURIER SERVICES  
 COD \_\_\_\_\_ ACCOUNT \_\_\_\_\_ PAYMENT DUE BY: \_\_\_\_\_ SENDER \_\_\_\_\_ RECEIVER \_\_\_\_\_ COD PAID BY: \_\_\_\_\_

Contact Name: Sender ( ) Contact Phone Number (Very Important)  
 Company Name: **GIFTWRAAP**  
 Street Address: **Block 5, Middelburg, Middelburg**  
 City: **PERSEQUE PARK** Postal Code \_\_\_\_\_

To (Contact Name): Receiver ( ) Contact Phone Number (Very Important)  
 Company Name: **INK 2 PAPER**  
 Exact Street Address (We cannot deliver to Box Numbers)  
 City: **182** Postal Code \_\_\_\_\_

Special Instructions

NUMBER	DESCRIPTION OF CONTENTS	ACTUAL WEIGHT
1	1 x package	
	INV 3491695	

SERVICES REQUIRED: Please tick appropriate box(es)

	AMOUNT	R	C
1 TARIFF			
2 OUTLINE AREA / PLOT			
3 SATURDAY DELIVERY			
4 AFTER HOURS			
5 OTHER			
6 INSURED VALUE			
7 VAT			
8 TOTAL			
	VAT		
	TOTAL		

CONDITIONS OF CARRIAGE:  
 \* We accept no responsibility for damaged goods that are insufficiently packed and given to us for delivery.  
 \* Claims must be reported and submitted on date of delivery in writing.  
 \* We accept no responsibility for the amount of goods inside parcels, only for the amount of parcels.  
 \* Prisma Koeriers Pty Ltd have legal right to keep goods not paid for as per agreement.  
 \* Value of valuables must be declared.

CLIENT SIGNATURE: *Thabisa*  
 RECEIVED BY PRISMA KOERIERS: *PRISMA*  
 DATE: *27/06/12* TIME: \_\_\_\_\_

RECEIVER'S SIGNATURE \_\_\_\_\_ DATE: / /  
 PRINT SURNAME AND INITIALS \_\_\_\_\_ TIME: \_\_\_\_\_

1st Copy: PRISMA KOERIERS COPY  
 2nd Copy: COPY VAT INVOICE  
 3rd Copy: PROOF OF DELIVERY

Qty	
4700	
1	
500	

Send with courier / client : \_\_\_\_\_  
 No of boxes: \_\_\_\_\_