

FINESTRA COURIERS BETHAL

44890

Tel: 083 509 1300

nico@bethalmail.co.za

VAT No: 4500270964

FROM: SENDER'S NAME AND ADDRESS				TO: CONSIGNEE'S NAME AND ADDRESS			
Gift wrap				Forms medica			
PTA				Secunda			
POSTAL CODE:				POSTAL CODE:			
CONTACT NAME				CONTACT NAME			
TEL. No.				TEL. No.			
No. OF PKGS.				MASS CUBE KGS			
DESCRIPTION OF PACKING AND CONTENTS				OFFICE USE			
DIMENSIONS (CENTIMETRES)							
Length				Breadth			
Height							
				FREIGHT			
				FUEL SURCHARGE			
				ALL RISKS INSUR.			
				ADDITIONAL CHARGES			
				VAT			
CLIENT'S OWN SHIPMENT REFERENCE				TOTAL			
FINESTRA				A Batista			
9-50				4/5/22			
Time				DATE OF CONSIGNMENT			
4-3-22				RECEIVED IN GOOD ORDER			
Date				SIGNATURE			
PRINT NAME>				Date of Receipt			
Time of Receipt							

Qty

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Signature confirms:

1. That the goods received are the goods ordered as they were specified in the order.
2. That Giftwrap complied with the terms and conditions as set out in it's quotation accepted by the client.
3. That the goods have been received in good order.

For Office use only

Stock checked by: _____

Send with courier / client : _____

No of boxes: _____