

CARGOWORKS

CO. REG. No. 2012/075135/07

VAT REG NO. 4430138760

JOHANNESBURG
☎ (011) 873-1212
FAX (011) 873-0716

CAPE TOWN
☎ (021) 934-8040
FAX (021) 934-8030

DURBAN
☎ (031) 702-0252
FAX (031) 702-8218

PORT ELIZABETH
☎ (041) 488-1092
FAX (041) 488-1096

NELSPRUIT
☎ (013) 758-2067
FAX (013) 758-2068

EAST LONDON
☎ (043) 736 6077
FAX (043) 736-1424

P.O. BOX 8876, EDENGLLEN 1610
www.cargoworks.co.za

PROOF OF DELIVERY

DATE	ORIGIN	DEST.	LINEHAUL VEHICLE	WAYBILL NO. 2993361
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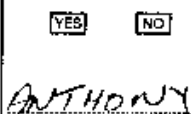


FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDER'S NAME AND ADDRESS 11FC GRABER Hospital 148 South Ridge Berea		RECEIVER'S NAME AND ADDRESS Priontek (JHB) POSTAL CODE:	
SENDER'S NAME: Winisani	PHONE: 031204136	CONTACT NAME:	PHONE:

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
1	Box	Soiled Gowns	50	40	31		2

SPECIAL INSTRUCTIONS:	CHARGEABLE WEIGHT
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SENDER  SIGNATURE: Winisani PRINT NAME: 25-01-17 08:30 DATE: TIME:	COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  PRINT NAME: ANTHONY 28/01/17 DATE: TIME:	DELIVERED BY  PRINT NAME: M. James 26/01/17 DATE: TIME:	RECIPIENT  SIGNATURE: Coen PRINT NAME: 26/01/17 12:55 DATE: TIME:	FOR OFFICE USE ONLY <table border="1"> <tr> <td>RATE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SURCHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DOCUMENT FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>V.A.T</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td></td> </tr> </table>	RATE				CHARGE				SURCHARGE				DOCUMENT FEE				V.A.T				TOTAL			
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By your signature, you confirm that you have read the Conditions of Carriage on the back of this document and that you agree to be bound by all the Conditions.

PLEASE USE BALLPOINT PEN AND PRESS HARD