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TAX INVOICE

Invoice Nr : 261653 VAT Reg.Nr : 4280193493

OFFICE OF THE SPEAKER (115406)
CNR QUEEN AND CROSSGERMISTON CEVIC CENTRE
1400Contact Person : PATRICIA
Contact Number : 011 999 1721
E-mail Address :**Ekurhuleni**
METROPOLITAN MUNICIPALITY**RESERVATION REFERENCE NUMBER : 261653**
Function : IMBABAZANE PROGRAMMEThokoza booking Office
Thokoza Customer Care Area
Moepshe Street
PO Box 98
Thokoza
1426
Tel 999-2701
Fax 905-0186

Manager : Service Delivery Centre

I/We the undersigned apply herewith for the hire of the
following facility;

Thokoza - Sport Sam Ntuli Stadium from 2014/12/06 08:00 to 2014/12/07 16:00	*	1 060.00
TOTAL		1 060.00
* VAT Included in this invoice : R130.18 on R : 929.82		

**PAYMENT
ANALYSIS**

6711651172800 1 060.00

NO SMOKING IN FACILITIES

I/We hereby declare that I/we am/are conversant with the contents of the Metropolitan Municipality's by-laws
and agree to accept and abide by conditions and tariffs of these by-laws._____
SIGNATURE of person capable to contract
narel

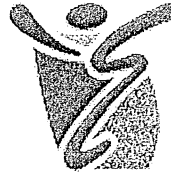
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TAX INVOICE

Invoice Nr : 262616 VAT Reg.Nr : 4280193493

CLR NKOSI (115532)
NI. KHUMALO ROAD

TOKOZA
1426



Ekurhuleni
METROPOLITAN MUNICIPALITY

Contact Person : CLR NKOSI
Contact Number : 0119992768
E-mail Address :

Thokoza booking Office
Thokoza Customer Care Area
Moepshe Street
PO Box 98
Thokoza
1426
Tel 999-2701
Fax 905-0186

RESERVATION REFERENCE NUMBER : 262616
Function : WARD 52 NIGHT VIRGIL

Manager : Service Delivery Centre

I/We the undersigned apply herewith for the hire of the following facility;

Thokoza - Hall Auditorium from 2014/12/05 17:00 to 2014/12/05 23:30	*	0.00
TOTAL		0.00
* VAT Included in this invoice : R0.00 on R : 0.00		

PAYMENT ANALYSIS

C23010
6714631172800 0.00

NO SMOKING IN FACILITIES

I/We hereby declare that I/we am/are conversant with the contents of the Metropolitan Municipality's by-laws and agree to accept and abide by conditions and tariffs of these by-laws.

SIGNATURE of person capable to contract
narel

