

**EMERGENCY CALL
NOW
+2772 826
4499**



TRAINING COLLEGE & AMBULANCE SERVICE

46 Ivan Walker Street
Dawkinsville
Klerksdorp

Contact
Tel. no.: +2772 826 4499

P.O. Box 420
Klerksdorp
2570

North West, South Africa

e-mail.: deonarends@yahoo.com / dkjambulanceservice@gmail.com

Comp. Reg. no.: 2006/061611/23

VAT Reg. no.: 4580230425

Pr. No.: 0566772

R.A.F Vendor No.: 60274

ACCREDITATION DETAILS:

Department of Labour Health & Welfare Seta (HWSETA)

Board of Healthcare Funders of SA (BHF)

South African Private Ambulance & Emergency Services Association (SAPAESA)

INVOICE

Invoice Date:	02 November 2017	Client Name:	Klerksdorp EMRS
Incident Date:	01-31 October 17		
Call No. Start:	2807	Client Postal Address:	Private Bag A2
Call No. End:	2967	Postal Address Line 2:	Klerksdorp
Invoice no.:	01/10/2017	Postal Address Line 3:	2570
Account No.:	NWEMRS01	Tel. No.:	018 462 8072

Code	Description	Quantity	Unit Price	Taxable	Amount
1450	ESS – FACILITY FEE	27	503.00	-	13 581.00
1420	BLS – FACILITY FEE	47	1540.00	-	72 380.00
1430	ILS – FACILITY FEE	155	1905.00	-	295 275.00
				Subtotal	R 381 236,00
				Tax	-
				Total	R 381 236.00

Banking Details

Name of Bank	NEDBANK	Account Number	1076379869
Account Holder	DKJ AMBULANCE SERVICE	Branch Number	19 87 65



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INVOICE

Invoice Date:	04 December 2017	Client Name:	Klerksdorp EMRS
Incident Date:	01-30 November 17	Client Postal Address:	Private Bag A2
Call No. Start:	2968	Postal Address Line 2:	Klerksdorp
Call No. End:	3169	Postal Address Line 3:	2570
Invoice no.:	01/11/2017	Tel. No.:	018 462 8072
Account No.:	NWEMRS01		

Code	Description	Quantity	Unit Price	Taxable	Amount
1450	ESS – FACILITY FEE	36	503.00	-	18 108.00
1420	BLS – FACILITY FEE	22	1540.00	-	33 880.00
1430	ILS – FACILITY FEE	179	1905.00	-	340 995.00
				Subtotal	R 392 983,00
				Tax	-
				Total	R 392 983.00

Banking Details

Name of Bank	NEDBANK	Account Number	1076379869
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INVOICE

Invoice Date:	04 January 2018	Client Name:	Klerksdorp EMRS
Incident Date:	01-31 December 17	Client Postal Address:	Private Bag A2
Call No. Start:	3170	Postal Address Line 2:	Klerksdorp
Call No. End:	3328	Postal Address Line 3:	2570
Invoice no.:	01/12/2017	Tel. No.:	018 462 8072
Account No.:	NWEMRS01		

Code	Description	Quantity	Unit Price	Taxable	Amount
1450	ESS – FACILITY FEE	25	503.00	-	12 575.00
1420	BLS – FACILITY FEE	19	1540.00	-	29 260.00
1430	ILS – FACILITY FEE	252	1905.00	-	480 060.00
				Subtotal	R 521 895,00
				Tax	-
				Total	R 521 895.00

Banking Details

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INVOICE

Invoice Date:	05 February 2018	Client Name:	Klerksdorp EMRS
Incident Date:	01-31 January 18		
Call No. Start:	3329	Client Postal Address:	Private Bag A2
Call No. End:	2581	Postal Address Line 2:	Klerksdorp
Invoice no.:	01/01/2018	Postal Address Line 3:	2570
Account No.:	NWEMRS01	Tel. No.:	018 462 8072

Code	Description	Quantity	Unit Price	Taxable	Amount
1450	ESS – FACILITY FEE	15	503.00	-	7 545.00
1420	BLS – FACILITY FEE	10	1 540.00	-	15 400.00
1430	ILS – FACILITY FEE	99	1 905.00	-	188 595.00
1440	ALS – FACILITY FEE	02	2 835.00	-	5 670.00
				Subtotal	217 210.00
				Tax	-
				Total	R 217 210.00

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INVOICE

Invoice Date:	10 March 2018	Client Name:	Klerksdorp EMRS
Incident Date:	01-28 February 18	Client Postal Address:	Private Bag A2
Call No. Start:	3469	Postal Address Line 2:	Klerksdorp
Call No. End:	3471	Postal Address Line 3:	2570
Invoice no.:	01/02/2018	Tel. No.:	018 462 8072
Account No.:	NWEMRS01		

Code	Description	Quantity	Unit Price	Taxable	Amount
1450	ESS – FACILITY FEE	1	503.00	-	503.00
1430	ILS – FACILITY FEE	4	1 905.00	-	7 620.00
				Subtotal	8 123.00
				Tax	-
				Total	R 8 123.00

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Name of Bank	NEDBANK	Account Number	1076379869
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INVOICE

Invoice Date:	10 April 2018	Client Name:	Klerksdorp EMRS
Incident Date:	01-31 March 18	Client Postal Address:	Private Bag A2
Call No. Start:	3482	Postal Address Line 2:	Klerksdorp
Call No. End:	3503	Postal Address Line 3:	2570
Invoice no.:	01/03/2018	Tel. No.:	018 462 8072
Account No.:	NWEMRS01		

Code	Description	Quantity	Unit Price	Taxable	Amount
1450	ESS – FACILITY FEE	2	503.00	-	1 006.00
1420	BLS – FACILITY FEE	1	1 540.00	-	1 540.00
1430	ILS – FACILITY FEE	5	1 905.00	-	9 525.00
				Subtotal	12 071.00
				Tax	-
				Total	12 071.00

Banking Details

Name of Bank	NEDBANK	Account Number	1076379869
Account Holder	DKJ AMBULANCE SERVICE	Branch Number	19 87 65

