



INVOICE

To :
Sumesh S
Nira Test
Test Address
ALBERTA

INVOICE: **2**
DATE: 06/08/2020

For : RN
STAFF PROVIDED FOR 01/01/2020 to 06/30/2020

Caregiver Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Mukesh M	4/8/2020	07:00 AM	03:00 PM		7.50	\$ 20.00	\$ 150.00
Mukesh M	4/20/2020	04:30 AM	01:00 PM		8.00	\$ 20.00	\$ 160.00
Mukesh M	4/22/2020	04:30 AM	01:00 PM		8.00	\$ 20.00	\$ 160.00
						Total	\$ 470.00
						HST	\$ 0.00
						Amount Due	\$ 470.00

GST/HST # 809773138

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Thank you For Your Business !