



## INVOICE

**To :**  
Sumesh S  
**Nira Test**  
Test Address  
ALBERTA

INVOICE: **0**  
DATE: 06/08/2020

**For : RN**  
STAFF PROVIDED FOR 03/01/2020 to 06/01/2020

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
						<b>Total</b>	<b>\$ 470.00</b>
						<b>HST</b>	<b>\$ 0.00</b>
						<b>Amount Due</b>	<b>\$ 470.00</b>

GST/HST # 809773138

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ONTARIO, M3B 3S6, CANADA  
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Thank you For Your Business !