



INVOICE

INVOICE: **MNH- 140500**

DATE: 04/21/2020

To :

MAYNARD NURSING HOME
28 HALTON ST.
ONTARIO
4165335198

For : Nicholas Gilbert
PSW
ESCORT

STAFF PROVIDED FOR 01/01/2020 to 12/31/2020

| Caregiver Name | Date | Time In | Time Out | Description | Hrs | Rate | Amount |
|----------------------|-----------|----------|----------|------------------|------|----------|------------------|
| Maureen Herman-March | 1/16/2020 | 08:00 AM | 12:00 PM | Nicholas Gilbert | 4.00 | \$ 27.00 | \$ 108.00 |
| Total | | | | | | | \$ 108.00 |
| HST | | | | | | | \$ 14.04 |
| Amount Due | | | | | | | \$ 122.04 |

240 Duncan Mill Rd, Ste 501,
ALBERTA, M3B 3S6, CANADA
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Thank you For Your Business !