

INVOICE

INVOICE: **86** DATE: 02-Jul-2019

To:Accounts Department **Nira**amstor
ALBERTA

9874563210

For:

STAFF PROVIDED FOR July, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Abieyuwa (Abby) Granville	7/3/2019	07:00 AM	03:00 PM		7.50	\$ 20.00	\$ 150.00
Abieyuwa (Abby) Granville	7/16/2019	03:00 PM	11:00 PM	Mario Brown	7.50	\$ 20.00	\$ 150.00
To						Total	\$ 300.00
	HS						\$ 0.00
					A	mount Due	\$ 300.00