



## INVOICE

**To :**

Sumesh S  
**Nira Test**  
Test Address  
BRITISH COLUMBIA

INVOICE: **0**  
DATE: 04/20/2020

**For : RN**  
STAFF PROVIDED FOR April, 2020

Caregiver Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Mukesh M	4/16/2020	07:00 AM	03:00 PM		7.50	\$ 20.00	\$ 150.00
						<b>Total</b>	<b>\$ 150.00</b>
						<b>HST</b>	<b>\$ 0.00</b>
						<b>Amount Due</b>	<b>\$ 150.00</b>

240 Duncan Mill Rd, Ste 501,  
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Thank you For Your Business !