



INVOICE

INVOICE: **NIRA 10087**

DATE: 02/27/2020

To :

Sumesh S

Nira Test

Test Address

BRITISH COLUMBIA

For : PHYSIO

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

Caregiver Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Caregiver1 I	2/19/2020	07:00 AM	03:00 PM		7.50	\$ 20.00	\$ 150.00
						Total	\$ 150.00
						HST	\$ 0.00
						Amount Due	\$ 150.00

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