

To :
qwe q
CALGARY
ALBERTA
CANADA

INVOICE

INVOICE : **18**
DATE : 22-May-2019

Service Name	Caregiver	Booking Date	Start Time	End Time	Hrs	Rate	Tax	Total Amount
PHYSIOTHERAPY	care giver	22-May-2019 08:12 AM	29-May-2019 12:30 AM	29-May-2019 01:30 AM	1.00	\$ 30.00	\$ 0.15	\$ 30.15