

To :

**VICTORIA
BRITISH COLUMBIA
CANADA**

INVOICE

INVOICE : **0**
DATE : 21-May-2019

Service Name	Caregiver	Booking Date	Start Time	End Time	Hrs	Rate	Tax	Total Amount
PHYSIOTHER APY	care giver	21-May-2019 11:38 AM	27-May-2019 02:30 AM	27-May-2019 07:00 AM	4.50	\$ 30.00	\$ 135.00	\$ 0.00