

# INVOICE

**To :**  
Accounts Department  
**SUOMI KOTI NURSING HOME**  
795 EGLINTON AVE EAST  
ONTARIO  
416 425-4134

INVOICE: **SKN- 140782**  
DATE: 21-May-2019

**For :**  
PSW  
STAFF PROVIDED FOR May, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Aldrine Estrella	5/4/2019	06:30 AM	02:30 PM		7.50	\$ 23.00	\$ 172.50
Charlotte Lacson	5/4/2019	02:30 PM	10:30 PM		7.50	\$ 23.00	\$ 172.50
Aldrine Estrella	5/5/2019	06:30 AM	02:30 PM		7.50	\$ 23.00	\$ 172.50
Charlotte Lacson	5/6/2019	06:30 AM	02:30 PM		7.50	\$ 23.00	\$ 172.50
	<b>Total</b>						<b>\$ 690.00</b>
	<b>HST</b>						<b>\$ 89.70</b>
	<b>Amount Due</b>						<b>\$ 779.70</b>

240 Duncan Mill Rd, Ste 501,  
ONTARIO, M3B 3S6, CANADA  
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Thank you For Your Business !