

INVOICE

To :
Accounts Department
clientNira
test
ALBERTA
234567890

INVOICE: **9**
DATE: 25-Jun-2019

For :
PHYSIO
STAFF PROVIDED FOR 01-Jan-2019 to 31-Dec-2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
caretaker ta	7/2/2019	07:00 AM	03:00 PM		7.50	\$ 20.00	\$ 150.00
						Total	\$ 150.00
						HST	\$ 0.00
						Amount Due	\$ 150.00

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ONTARIO, M3B 3S6, CANADA
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Thank you For Your Business !