

INVOICE

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

INVOICE: **8**
DATE: 26-Jun-2019

For :
PHYSIO
STAFF PROVIDED FOR June, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
care giver	6/4/2019	03:00 PM	11:00 PM	test	7.50	\$ 20.00	\$ 150.00
care giver	6/6/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
care giver	6/10/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
care giver	6/11/2019	12:00 AM	01:00 AM		1.00	\$ 20.00	\$ 20.00
care giver	6/11/2019	09:30 AM	10:30 AM		1.00	\$ 20.00	\$ 20.00
care giver	6/11/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
care giver	6/13/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
care giver	6/14/2019	12:00 AM	01:30 AM		1.50	\$ 20.00	\$ 30.00
care giver	6/15/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
care giver	6/19/2019	12:00 AM	01:00 AM		1.00	\$ 20.00	\$ 20.00
care giver	6/19/2019	01:30 AM	02:00 AM		0.50	\$ 20.00	\$ 10.00
care giver	6/20/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
care giver	6/22/2019	12:00 AM	01:00 AM		1.00	\$ 20.00	\$ 20.00
care giver	6/22/2019	01:00 AM	02:00 AM		1.00	\$ 20.00	\$ 20.00
care giver	6/25/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
care giver	6/28/2019	02:00 AM	03:00 AM		1.00	\$ 20.00	\$ 20.00
care giver	6/28/2019	03:00 AM	04:00 AM		1.00	\$ 20.00	\$ 20.00

240 Duncan Mill Rd, Ste 501,
ONTARIO, M3B 3S6, CANADA
Tel : 416 960 1042

Thank you For Your Business !

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DATE: 26-Jun-2019

For :
PHYSIO
STAFF PROVIDED FOR June, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
care giver	6/28/2019	05:00 AM	06:00 AM		1.00	\$ 20.00	\$ 20.00
care giver	6/28/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
care giver	6/29/2019	12:00 AM	02:00 AM		2.00	\$ 20.00	\$ 40.00
care giver	6/29/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
care giver	6/30/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
	Total						\$ 1,890.00
	HST						\$ 9.45
	Amount Due						\$ 1,899.45

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INVOICE: **9**
DATE: 26-Jun-2019

For :
PSW
STAFF PROVIDED FOR June, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Amandeep Kaur	6/4/2019	08:00 PM	08:00 AM		11.50	\$ 20.00	\$ 230.00
Aderonke Folademi	6/11/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
Abieyuwa (Abby) Granville	6/16/2019	08:00 PM	08:00 AM		11.50	\$ 20.00	\$ 230.00
Abieyuwa (Abby) Granville	6/29/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
	Total						\$ 760.00
	HST						\$ 0.00
	Amount Due						\$ 760.00

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INVOICE: **10**
DATE: 26-Jun-2019

For :
RN
STAFF PROVIDED FOR June, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Sandra Chioma Aguh	6/1/2019	12:00 AM	08:00 AM		7.50	\$ 20.00	\$ 150.00
Maria Corazon Cinco	6/4/2019	09:00 AM	09:00 PM		11.50	\$ 20.00	\$ 230.00
Oluchukwu Nnene Ozonma	6/11/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
Calvin Trieu	6/12/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
Ahlam Dangaa	6/12/2019	08:00 PM	08:00 AM		11.50	\$ 20.00	\$ 230.00
Calvin Trieu	6/16/2019	09:00 AM	09:00 PM		11.50	\$ 20.00	\$ 230.00
Ahlam Dangaa	6/29/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
Calvin Trieu	6/29/2019	08:00 PM	08:00 AM		11.50	\$ 20.00	\$ 230.00
Ahlam Dangaa	6/30/2019	07:00 AM	03:00 PM		7.50	\$ 20.00	\$ 150.00
	Total						\$ 1,670.00
	HST						\$ 0.00
	Amount Due						\$ 1,670.00

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INVOICE: **11**
DATE: 26-Jun-2019

For :
RPN
STAFF PROVIDED FOR June, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Anna Costales	6/4/2019	09:00 PM	09:00 AM		11.50	\$ 30.00	\$ 345.00
Freda Somuah	6/11/2019	03:00 PM	11:00 PM		7.50	\$ 30.00	\$ 225.00
JIGO SOLOMON	6/29/2019	09:00 AM	09:00 PM		11.50	\$ 30.00	\$ 345.00
Anna Costales	6/29/2019	08:00 PM	08:00 AM		11.50	\$ 30.00	\$ 345.00
	Total						\$ 1,260.00
	HST						\$ 6.30
	Amount Due						\$ 1,266.30

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INVOICE

INVOICE: **12**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Elizabeth Chalmers
PHYSIO
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
care giver	6/5/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
Total						\$ 150.00
HST						\$ 0.75
Amount Due						\$ 150.75

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INVOICE

INVOICE: **13**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Elizabeth Chalmers
PSW
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Abieyuwa (Abby) Granville	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Aderonke Folademi	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Total						\$ 460.00
HST						\$ 0.00
Amount Due						\$ 460.00

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INVOICE

INVOICE: **14**
DATE: 26-Jun-2019

To :
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ALBERTA
9874563210

For :
Elizabeth Chalmers
RN
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Calvin Trieu	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Ahlam Dangaa	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Maria Corazon Cinco	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Total						\$ 690.00
HST						\$ 0.00
Amount Due						\$ 690.00

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INVOICE

INVOICE: **15**
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To :
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9874563210

For :
PSW
ESCORT
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Abieyuwa (Abby) Granville	6/7/2019	01:00 AM	02:00 AM	1.00	\$ 20.00	\$ 20.00
Total						\$ 20.00
HST						\$ 0.00
Amount Due						\$ 20.00

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INVOICE

INVOICE: **19**
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To :
Accounts Department
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amstor
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9874563210

For :
RPN
ESCORT
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Freda Somuah	6/22/2019	08:00 PM	08:00 AM	11.50	\$ 30.00	\$ 345.00
Total						\$ 345.00
HST						\$ 1.73
Amount Due						\$ 346.73

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INVOICE

INVOICE: **20**
DATE: 26-Jun-2019

To :
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9874563210

For :

RN
ESCORT
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Calvin Trieu	6/22/2019	09:00 PM	09:00 AM	11.50	\$ 20.00	\$ 230.00
Total						\$ 230.00
HST						\$ 0.00
Amount Due						\$ 230.00

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To :
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For :
Daphne Brown Wallace
PSW
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Aderonke Folademi	6/12/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
Total						\$ 150.00
HST						\$ 0.00
Amount Due						\$ 150.00

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INVOICE: **17**
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To :
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For :
Tuyet Nguyen
PSW
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Aderonke Folademi	6/14/2019	11:00 PM	10:00 AM	10.50	\$ 20.00	\$ 210.00
Total						\$ 210.00
HST						\$ 0.00
Amount Due						\$ 210.00

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INVOICE: **18**
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To :
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For :
Michael Grupp
PSW
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Aldrine Estrella	6/17/2019	01:30 AM	10:00 AM	8.00	\$ 20.00	\$ 160.00
Total						\$ 160.00
HST						\$ 0.00
Amount Due						\$ 160.00

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INVOICE: **21**
DATE: 26-Jun-2019

To :
Accounts Department
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ALBERTA
9874563210

For :
Mr. Murray
RN
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Ahlam Dangaa	6/24/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
Total						\$ 150.00
HST						\$ 0.00
Amount Due						\$ 150.00

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INVOICE

INVOICE: **22**
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To :
Accounts Department
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amstor
ALBERTA
9874563210

For :
Mary Jane
RN
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Calvin Trieu	6/26/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
Total						\$ 150.00
HST						\$ 0.00
Amount Due						\$ 150.00

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INVOICE

INVOICE: **23**
DATE: 26-Jun-2019

To :
Accounts Department
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amstor
ALBERTA
9874563210

For :
parvathy
RN
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Ahlam Dangaa	6/27/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
Total						\$ 150.00
HST						\$ 0.00
Amount Due						\$ 150.00

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INVOICE

INVOICE: **24**
DATE: 26-Jun-2019

To :
Accounts Department
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For :
Abdul Ahad Wahidi
RN
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Maria Corazon Cinco	6/30/2019	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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INVOICE: **25**
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To :
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For :
Loretta Beasant
RN
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Maria Corazon Cinco	6/30/2019	08:00 PM	12:00 AM	4.00	\$ 20.00	\$ 80.00
Total						\$ 80.00
HST						\$ 0.00
Amount Due						\$ 80.00

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