

INVOICE

INVOICE: **15** DATE: 26-Jun-2019

To:Accounts Department **Nira**amstor
ALBERTA
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
				A	mount Due	\$ 20.00