



To :
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CALGARY
ALBERTA
CANADA

INVOICE

INVOICE : 7
DATE : 23-May-2019

Service Name	Caregiver	Booking Date	Start Time	End Time	Hrs	Rate	Tax	Total Amount
PHYSIOTHER APY	care giver	20-May-2019 07:28 AM	24-May-2019 02:30 PM	24-May-2019 03:00 PM	0.50	\$ 30.00	\$ 0.08	\$ 15.08

240 Duncan Mill Rd, Ste 501,
TORONTO,ONTARIO,
M3B 3S6, CANADA
Tel : 416 960 1042
Email : info@tranquilcare.ca

Thank you For Your Business !