

INVOICE

INVOICE: **48** DATE: 26-Jun-2019

To:Accounts Department **Nira**amstor
ALBERTA

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
				Aı	mount Due	\$ 230.00