



INVOICE

To :
Accounts Department
TestAmazon
Amazon Address
BRITISH COLUMBIA

INVOICE: **1**
DATE: 12/26/2019

For : RN
STAFF PROVIDED FOR 01/01/2019 to 12/31/2019

Caregiver Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
NithinTestCT Final	12/4/2019	07:00 AM	03:00 PM		7.50	\$ 0.00	\$ 0.00
NithinTestCT Final	12/5/2019	07:00 AM	03:00 PM		7.50	\$ 0.00	\$ 0.00
						Total	\$ 0.00
						HST	\$ 0.00
						Amount Due	\$ 0.00

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Thank you For Your Business !