



# INVOICE

**To :**

Advent Valley Manager  
**ADVENT VALLEYVIEW RESIDENCE**  
 541 FINCH AVE WEST  
 ONTARIO  
 4163980555

INVOICE: **0**  
 DATE: 04/21/2020

**For : RN**  
 STAFF PROVIDED FOR 04/01/2020 to 04/17/2020

Caregiver Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Cyril Victor R. Mandal	4/16/2020	07:00 AM	03:00 PM		7.50	\$ 43.50	\$ 326.25
						<b>Total</b>	<b>\$ 326.25</b>
						<b>HST</b>	<b>\$ 0.00</b>
						<b>Amount Due</b>	<b>\$ 326.25</b>

240 Duncan Mill Rd, Ste 501,  
 ALBERTA, M3B 3S6, CANADA  
 Tel : 1 800 892 6066

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Thank you For Your Business !