



To :  
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CALGARY  
ALBERTA  
CANADA

## INVOICE

INVOICE : **41**  
DATE : 27-May-2019

Service Name	Caregiver	Booking Date	Start Time	End Time	Hrs	Rate	Tax	Total Amount
PHYSIOTHER APY	care giver	24-May-2019 05:20 AM	24-May-2019 11:30 AM	24-May-2019 12:00 PM	0.50	\$ 30.00	\$ 0.08	\$ 15.08

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Thank you For Your Business !