



INVOICE

To :

Accounts Department
testclient
test
BRITISH COLUMBIA

INVOICE: **test 101**

DATE: 20-Jun-2019

For :

PHYSIO
STAFF PROVIDED FOR May, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
care giver	5/23/2019	09:00 PM	09:00 AM		11.50	\$ 20.00	\$ 230.00
						Total	\$ 230.00
						HST	\$ 0.00
						Amount Due	\$ 230.00

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Thank you For Your Business !