



## INVOICE

INVOICE: **RHN- 200004**

DATE: 04/08/2020

**To :**

Accounts Department

**ROY HENDERSON**

Marylou Henderson

ONTARIO

416 277 9958

**For :** Marylou Henderson

PSW

ONE ON ONE

STAFF PROVIDED FOR 01/01/2020 to 12/31/2020

Caregiver Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Sharmila Sah	1/1/2020	07:30 AM	11:30 AM	Marylou Henderson	4.00	\$ 37.50	\$ 150.00
Sharmila Sah	1/2/2020	07:30 AM	11:30 AM	Marylou Henderson	4.00	\$ 25.00	\$ 100.00
<b>Total</b>							<b>\$ 250.00</b>
<b>HST</b>							<b>\$ 32.50</b>
<b>Amount Due</b>							<b>\$ 282.50</b>

240 Duncan Mill Rd, Ste 501,  
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Thank you For Your Business !