



# INVOICE

**To :**  
Accounts Department  
**Panasonic**  
Nirast  
ONTARIO

INVOICE: **2**  
DATE: 31-Dec-2019

**For : PSW**  
STAFF PROVIDED FOR 01-Jan-2019 to 31-Dec-2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Panasonic Caretaker	11/7/2019	07:00 AM	03:00 PM		7.50	\$ 10.00	\$ 75.00
Panasonic Caretaker	11/10/2019	03:00 PM	11:00 PM		7.50	\$ 15.00	\$ 112.50
Panasonic Caretaker	11/15/2019	01:00 AM	05:00 AM		4.00	\$ 10.00	\$ 40.00
	<b>Total</b>						<b>\$ 227.50</b>
	<b>HST</b>						<b>\$ 0.00</b>
	<b>Amount Due</b>						<b>\$ 227.50</b>

240 Duncan Mill Rd, Ste 501,  
ONTARIO, M3B 3S6, CANADA  
Tel : 1 416 960 1042

info@tranquilcare.ca  
www.tranquilcare.ca

Thank you For Your Business !