

INVOICE

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

INVOICE: **1**
DATE: 26-Jun-2019

For :
PSW
STAFF PROVIDED FOR June, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Amandeep Kaur	6/4/2019	08:00 PM	08:00 AM		11.50	\$ 20.00	\$ 230.00
Aderonke Folademi	6/11/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
Abieyuwa (Abby) Granville	6/16/2019	08:00 PM	08:00 AM		11.50	\$ 20.00	\$ 230.00
Abieyuwa (Abby) Granville	6/29/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
	Total						\$ 760.00
	HST						\$ 0.00
	Amount Due						\$ 760.00

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ONTARIO, M3B 3S6, CANADA
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Thank you For Your Business !