



INVOICE

To :
Accounts Department
SUOMI KOTI NURSING HOME
795 EGLINTON AVE EAST
ONTARIO
416 425-4134

INVOICE: **SKN- 2**
DATE: 21-May-2019

For :
PSW
STAFF PROVIDED FOR April, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Chevonese Reid	4/9/2019	06:30 AM	05:00 PM		10.00	\$ 23.00	\$ 230.00
Venice Aimable	4/9/2019	02:30 PM	10:30 PM		7.50	\$ 23.00	\$ 172.50
Chevonese Reid	4/28/2019	09:00 AM	02:30 PM		5.50	\$ 23.00	\$ 126.50
						Total	\$ 529.00
						HST	\$ 68.77
						Amount Due	\$ 597.77

240 Duncan Mill Rd, Ste 501,
ONTARIO, M3B 3S6, CANADA
Tel : 1 800 892 6066

info@tranquilcare.ca
www.tranquilcare.ca

Thank you For Your Business !



INVOICE

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Accounts Department
SUOMI KOTI NURSING HOME
795 EGLINTON AVE EAST
ONTARIO
416 425-4134

INVOICE: **SKN- 3**

DATE: 21-May-2019

For :

RPN
STAFF PROVIDED FOR April, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Angela Castellanos	4/9/2019	02:30 PM	10:30 PM		7.50	\$ 33.00	\$ 247.50
						Total	\$ 247.50
						HST	\$ 0.00
						Amount Due	\$ 247.50

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