



## INVOICE

INVOICE: **53**  
DATE: 26-Jun-2019

**To :**  
Accounts Department  
**Nira**  
amstor  
ALBERTA  
9874563210

**For :**  
Loretta Beasant  
RN  
ONE ON ONE  
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Maria Corazon Cinco	6/30/2019	08:00 PM	12:00 AM	4.00	\$ 20.00	\$ 80.00
<b>Total</b>						<b>\$ 80.00</b>
<b>HST</b>						<b>\$ 0.00</b>
<b>Amount Due</b>						<b>\$ 80.00</b>

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