



## INVOICE

INVOICE: **12**  
DATE: 26-Jun-2019

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

**For :**  
Elizabeth Chalmers  
PHYSIO  
ONE ON ONE  
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
care giver	6/5/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
<b>Total</b>						<b>\$ 150.00</b>
<b>HST</b>						<b>\$ 0.75</b>
<b>Amount Due</b>						<b>\$ 150.75</b>

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

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Thank you For Your Business !



## INVOICE

INVOICE: **13**  
DATE: 26-Jun-2019

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

**For :**  
Elizabeth Chalmers  
PSW  
ONE ON ONE  
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Abieyuwa (Abby) Granville	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Aderonke Folademi	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
<b>Total</b>						<b>\$ 460.00</b>
<b>HST</b>						<b>\$ 0.00</b>
<b>Amount Due</b>						<b>\$ 460.00</b>

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# INVOICE

INVOICE: **14**  
DATE: 26-Jun-2019

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

**For :**  
Elizabeth Chalmers  
RN  
ONE ON ONE  
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Calvin Trieu	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Ahlam Dangaa	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Maria Corazon Cinco	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
<b>Total</b>						<b>\$ 690.00</b>
<b>HST</b>						<b>\$ 0.00</b>
<b>Amount Due</b>						<b>\$ 690.00</b>

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## INVOICE

INVOICE: **15**  
DATE: 26-Jun-2019

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

**For :**  
PSW  
ESCORT  
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Abieyuwa (Abby) Granville	6/7/2019	01:00 AM	02:00 AM	1.00	\$ 20.00	\$ 20.00
<b>Total</b>						<b>\$ 20.00</b>
<b>HST</b>						<b>\$ 0.00</b>
<b>Amount Due</b>						<b>\$ 20.00</b>

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## INVOICE

INVOICE: **19**  
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**To :**  
Accounts Department  
**Nira**  
amstor  
ALBERTA  
9874563210

**For :**  
RPN  
ESCORT  
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Freda Somuah	6/22/2019	08:00 PM	08:00 AM	11.50	\$ 30.00	\$ 345.00
<b>Total</b>						<b>\$ 345.00</b>
<b>HST</b>						<b>\$ 1.73</b>
<b>Amount Due</b>						<b>\$ 346.73</b>

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## INVOICE

INVOICE: **20**  
DATE: 26-Jun-2019

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

**For :**  
RN  
ESCORT  
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Calvin Trieu	6/22/2019	09:00 PM	09:00 AM	11.50	\$ 20.00	\$ 230.00
<b>Total</b>						<b>\$ 230.00</b>
<b>HST</b>						<b>\$ 0.00</b>
<b>Amount Due</b>						<b>\$ 230.00</b>

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## INVOICE

INVOICE: **16**  
DATE: 26-Jun-2019

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

**For :**  
Daphne Brown Wallace  
PSW  
ONE ON ONE  
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Aderonke Folademi	6/12/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
<b>Total</b>						<b>\$ 150.00</b>
<b>HST</b>						<b>\$ 0.00</b>
<b>Amount Due</b>						<b>\$ 150.00</b>

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INVOICE: **17**  
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**To :**  
Accounts Department  
**Nira**  
amstor  
ALBERTA  
9874563210

**For :**  
Tuyet Nguyen  
PSW  
ONE ON ONE  
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Aderonke Folademi	6/14/2019	11:00 PM	10:00 AM	10.50	\$ 20.00	\$ 210.00
<b>Total</b>						<b>\$ 210.00</b>
<b>HST</b>						<b>\$ 0.00</b>
<b>Amount Due</b>						<b>\$ 210.00</b>

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## INVOICE

INVOICE: **18**  
DATE: 26-Jun-2019

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

**For :**  
Michael Grupp  
PSW  
ONE ON ONE  
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Aldrine Estrella	6/17/2019	01:30 AM	10:00 AM	8.00	\$ 20.00	\$ 160.00
<b>Total</b>						<b>\$ 160.00</b>
<b>HST</b>						<b>\$ 0.00</b>
<b>Amount Due</b>						<b>\$ 160.00</b>

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## INVOICE

INVOICE: **21**  
DATE: 26-Jun-2019

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

**For :**  
Mr. Murray  
RN  
ONE ON ONE  
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Ahlam Dangaa	6/24/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
<b>Total</b>						<b>\$ 150.00</b>
<b>HST</b>						<b>\$ 0.00</b>
<b>Amount Due</b>						<b>\$ 150.00</b>

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## INVOICE

INVOICE: **22**  
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**To :**  
Accounts Department  
**Nira**  
amstor  
ALBERTA  
9874563210

**For :**  
Mary Jane  
RN  
ONE ON ONE  
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Calvin Trieu	6/26/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
<b>Total</b>						<b>\$ 150.00</b>
<b>HST</b>						<b>\$ 0.00</b>
<b>Amount Due</b>						<b>\$ 150.00</b>

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INVOICE: **23**  
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**To :**  
Accounts Department  
**Nira**  
amstor  
ALBERTA  
9874563210

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

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Ahlam Dangaa	6/27/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
<b>Total</b>						<b>\$ 150.00</b>
<b>HST</b>						<b>\$ 0.00</b>
<b>Amount Due</b>						<b>\$ 150.00</b>

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INVOICE: **24**  
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**To :**  
Accounts Department  
**Nira**  
amstor  
ALBERTA  
9874563210

**For :**  
Abdul Ahad Wahidi  
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	07:00 AM	03:00 PM	7.50	\$ 20.00	\$ 150.00
<b>Total</b>						<b>\$ 150.00</b>
<b>HST</b>						<b>\$ 0.00</b>
<b>Amount Due</b>						<b>\$ 150.00</b>

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**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>

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