

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
Total						\$ 150.00
HST						\$ 0.00
Amount Due						\$ 150.00

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

info@tranquilcare.ca
www.tranquilcare.ca

Thank you For Your Business !