

INVOICE

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

INVOICE: **NIRA 11**
DATE: 20-Jun-2019

For :
PHYSIO
STAFF PROVIDED FOR May, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
care giver	5/21/2019	11:30 PM	01:00 PM		-10.50	\$ 20.00	\$ -210.00
care giver	5/24/2019	11:30 PM	01:00 PM		-10.50	\$ 20.00	\$ -210.00
care giver	5/31/2019	09:00 AM	09:00 PM		11.50	\$ 20.00	\$ 230.00
	Total						\$ -190.00
	HST						\$ -0.95
	Amount Due						\$ -190.95

240 Duncan Mill Rd, Ste 501,
ONTARIO, M3B 3S6, CANADA
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Thank you For Your Business !