

INVOICE

To :
Accounts Department
clientNira
test
ALBERTA
234567890

INVOICE: **9**
DATE: 25-Jun-2019

For :
PHYSIO
STAFF PROVIDED FOR 01-Jan-2019 to 31-Dec-2019

| Caretaker Name | Date | Time In | Time Out | Description | Hrs | Rate | Amount |
|----------------|----------|----------|----------|-------------|------|-------------------|------------------|
| caretaker ta | 7/2/2019 | 07:00 AM | 03:00 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
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Thank you For Your Business !