



To :  
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CALGARY  
ALBERTA  
CANADA

## INVOICE

INVOICE : **17**  
DATE : 22-May-2019

Service Name	Caregiver	Booking Date	Start Time	End Time	Hrs	Rate	Tax	Total Amount
PHYSIOTHER APY	care giver	22-May-2019 07:50 AM	30-May-2019 02:30 AM	30-May-2019 03:30 AM	1.00	\$ 30.00	\$ 0.15	\$ 30.15

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Thank you For Your Business !