

To :
qwe q
CALGARY
ALBERTA
CANADA

INVOICE

INVOICE : **20**
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 08:19 AM	23-May-2019 12:00 AM	23-May-2019 12:30 AM	0.50	\$ 30.00	\$ 0.08	\$ 15.08