

INVOICE

INVOICE: **31**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Elizabeth Chalmers
PHYSIO
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
care giver	6/5/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
Total						\$ 150.00
HST						\$ 0.75
Amount Due						\$ 150.75

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

INVOICE

INVOICE: **32**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Elizabeth Chalmers
PSW
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Abieyuwa (Abby) Granville	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Aderonke Folademi	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Total						\$ 460.00
HST						\$ 0.00
Amount Due						\$ 460.00

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INVOICE

INVOICE: **33**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Elizabeth Chalmers
RN
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Calvin Trieu	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Ahlam Dangaa	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Maria Corazon Cinco	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Total						\$ 690.00
HST						\$ 0.00
Amount Due						\$ 690.00

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INVOICE

INVOICE: **34**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
PSW
ESCORT
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Abieyuwa (Abby) Granville	6/7/2019	01:00 AM	02:00 AM	1.00	\$ 20.00	\$ 20.00
Total						\$ 20.00
HST						\$ 0.00
Amount Due						\$ 20.00

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INVOICE

INVOICE: **38**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
RPN
ESCORT
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Freda Somuah	6/22/2019	08:00 PM	08:00 AM	11.50	\$ 30.00	\$ 345.00
Total						\$ 345.00
HST						\$ 1.73
Amount Due						\$ 346.73

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INVOICE

INVOICE: **39**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :

RN
ESCORT
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Calvin Trieu	6/22/2019	09:00 PM	09:00 AM	11.50	\$ 20.00	\$ 230.00
Total						\$ 230.00
HST						\$ 0.00
Amount Due						\$ 230.00

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INVOICE: **35**
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

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INVOICE

INVOICE: **36**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Tuyet Nguyen
PSW
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Aderonke Folademi	6/14/2019	11:00 PM	10:00 AM	10.50	\$ 20.00	\$ 210.00
Total						\$ 210.00
HST						\$ 0.00
Amount Due						\$ 210.00

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INVOICE: **37**
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To :
Accounts Department
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amstor
ALBERTA
9874563210

For :
Michael Grupp
PSW
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Aldrine Estrella	6/17/2019	01:30 AM	10:00 AM	8.00	\$ 20.00	\$ 160.00
Total						\$ 160.00
HST						\$ 0.00
Amount Due						\$ 160.00

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INVOICE

INVOICE: **40**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Mr. Murray
RN
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Ahlam Dangaa	6/24/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
Total						\$ 150.00
HST						\$ 0.00
Amount Due						\$ 150.00

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INVOICE

INVOICE: **41**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Mary Jane
RN
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Calvin Trieu	6/26/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
Total						\$ 150.00
HST						\$ 0.00
Amount Due						\$ 150.00

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INVOICE

INVOICE: **42**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
parvathy
RN
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Ahlam Dangaa	6/27/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
Total						\$ 150.00
HST						\$ 0.00
Amount Due						\$ 150.00

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INVOICE

INVOICE: **43**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Abdul Ahad Wahidi
RN
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Maria Corazon Cinco	6/30/2019	07:00 AM	03:00 PM	7.50	\$ 20.00	\$ 150.00
Total						\$ 150.00
HST						\$ 0.00
Amount Due						\$ 150.00

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INVOICE

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To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Loretta Beasant
RN
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Maria Corazon Cinco	6/30/2019	08:00 PM	12:00 AM	4.00	\$ 20.00	\$ 80.00
Total						\$ 80.00
HST						\$ 0.00
Amount Due						\$ 80.00

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