

# INVOICE

**To :**  
Accounts Department  
**Nira**  
amstor  
ALBERTA  
9874563210

INVOICE: **56**  
DATE: 26-Jun-2019

**For :**  
PSW  
STAFF PROVIDED FOR June, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Amandeep Kaur	6/4/2019	08:00 PM	08:00 AM		11.50	\$ 20.00	\$ 230.00
Aderonke Folademi	6/11/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
Abieyuwa (Abby) Granville	6/16/2019	08:00 PM	08:00 AM		11.50	\$ 20.00	\$ 230.00
Abieyuwa (Abby) Granville	6/29/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
	<b>Total</b>						<b>\$ 760.00</b>
	<b>HST</b>						<b>\$ 0.00</b>
	<b>Amount Due</b>						<b>\$ 760.00</b>

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Thank you For Your Business !