



## INVOICE

INVOICE: **4**  
DATE: 20-Nov-2019

**To :**

Accounts Department  
**RESHMA PANIKKER**  
HILL VIEW STREET  
ONTARIO  
54767789797

**For :**

Palm View  
PHYSIO  
ONE ON ONE  
STAFF PROVIDED FOR 01-Jan-2019 to 31-Dec-2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Pournami mukesh	10/22/2019	08:00 AM	08:00 PM	11.50	\$ 40.00	\$ 460.00
<b>Total</b>						<b>\$ 460.00</b>
<b>HST</b>						<b>\$ 59.80</b>
<b>Amount Due</b>						<b>\$ 519.80</b>

240 Duncan Mill Rd, Ste 501,  
ONTARIO, M3B 3S6, CANADA  
Tel : 1 416 960 1042

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Thank you For Your Business !