

# INVOICE

**To :**  
Accounts Department  
**clientNira**  
test  
ALBERTA  
234567890

INVOICE: **9**  
DATE: 25-Jun-2019

**For :**  
PHYSIO  
STAFF PROVIDED FOR 01-Jan-2019 to 31-Dec-2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
caretaker ta	7/2/2019	07:00 AM	03:00 PM		7.50	\$ 20.00	\$ 150.00
						<b>Total</b>	<b>\$ 150.00</b>
						<b>HST</b>	<b>\$ 0.00</b>
						<b>Amount Due</b>	<b>\$ 150.00</b>

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