

INVOICE

INVOICE: **59**
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 !