



# INVOICE

INVOICE: **MNH- 140499**

DATE: 04/21/2020

**To :**

**MAYNARD NURSING HOME**

28 HALTON ST.

ONTARIO

4165335198

**For : RN**

STAFF PROVIDED FOR 01/01/2020 to 12/31/2020

Caregiver Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Maria Corazon Cinco	1/9/2020	07:00 AM	03:00 PM	1st Floor	7.50	\$ 47.00	\$ 352.50
Maria Corazon Cinco	1/10/2020	07:00 AM	03:00 PM	1st Floor	7.50	\$ 47.00	\$ 352.50
<b>Total</b>							<b>\$ 705.00</b>
<b>HST</b>							<b>\$ 91.65</b>
<b>Amount Due</b>							<b>\$ 796.65</b>

240 Duncan Mill Rd, Ste 501,  
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Thank you For Your Business !