

# INVOICE

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

INVOICE: **83**  
DATE: 02-Jul-2019

**For :**  
PHYSIO  
STAFF PROVIDED FOR July, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
caretaker ta	7/4/2019	07:00 AM	03:00 PM		7.50	\$ 20.00	\$ 150.00
care giver	7/11/2019	07:00 AM	03:00 PM	Carol Thorne	7.50	\$ 20.00	\$ 150.00
care giver	7/12/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
caretaker ta	7/31/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
	<b>Total</b>						<b>\$ 600.00</b>
	<b>HST</b>						<b>\$ 3.00</b>
	<b>Amount Due</b>						<b>\$ 603.00</b>

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ONTARIO, M3B 3S6, CANADA  
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Thank you For Your Business !