



To :
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CALGARY
ALBERTA
CANADA

INVOICE

INVOICE : **27**
DATE : 22-May-2019

Service Name	Caregiver	Booking Date	Start Time	End Time	Hrs	Rate	Tax	Total Amount
PHYSIOTHER APY	care giver	22-May-2019 10:53 AM	28-May-2019 09:00 AM	28-May-2019 11:00 AM	2.00	\$ 30.00	\$ 0.60	\$ 120.60

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Email : info@tranquilcare.ca

Thank you For Your Business !