



INVOICE

INVOICE: **AVR- 150769**

DATE: 04/02/2020

To :

Accounts Department

ADVENT VALLEYVIEW RESIDENCE

541 FINCH AVE WEST

ONTARIO

4163980555

For : RN

STAFF PROVIDED FOR April, 2020

Caregiver Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Cyril Victor R. Mandal	4/16/2020	07:00 AM	03:00 PM		7.50	\$ 43.50	\$ 326.25
						Total	\$ 326.25
						HST	\$ 0.00
						Amount Due	\$ 326.25

240 Duncan Mill Rd, Ste 501,
ONTARIO, M3B 3S6, CANADA
Tel : 1 416 960 1042

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Thank you For Your Business !