



## INVOICE

**To :**

Accounts Department  
**clientNira**  
test  
ALBERTA  
234567890

INVOICE: **9**

DATE: 25-Jun-2019

**For :**

PHYSIO  
STAFF PROVIDED FOR 01-Jan-2019 to 31-Dec-  
2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
caretaker ta	7/2/2019	07:00 AM	03:00 PM		7.50	\$ 20.00	\$ 150.00
						<b>Total</b>	<b>\$ 150.00</b>
						<b>HST</b>	<b>\$ 0.00</b>
						<b>Amount Due</b>	<b>\$ 150.00</b>

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

info@tranquilcare.ca  
www.tranquilcare.ca

Thank you For Your Business !