

INVOICE

INVOICE: **47**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Elizabeth Chalmers
RN
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Calvin Trieu	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Ahlan Dangaa	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Maria Corazon Cinco	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Total						\$ 690.00
HST						\$ 0.00
Amount Due						\$ 690.00

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 !

INVOICE

INVOICE: **48**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
RN
ESCORT
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Calvin Trieu	6/22/2019	09:00 PM	09:00 AM	11.50	\$ 20.00	\$ 230.00
Total						\$ 230.00
HST						\$ 0.00
Amount Due						\$ 230.00

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INVOICE

INVOICE: **49**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Mr. Murray
RN
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Ahlam Dangaa	6/24/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
Total						\$ 150.00
HST						\$ 0.00
Amount Due						\$ 150.00

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INVOICE

INVOICE: **50**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Mary Jane
RN
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Calvin Trieu	6/26/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
Total						\$ 150.00
HST						\$ 0.00
Amount Due						\$ 150.00

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INVOICE

INVOICE: **51**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
parvathy
RN
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Ahlam Dangaa	6/27/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
Total						\$ 150.00
HST						\$ 0.00
Amount Due						\$ 150.00

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INVOICE

INVOICE: **52**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Abdul Ahad Wahidi
RN
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Maria Corazon Cinco	6/30/2019	07:00 AM	03:00 PM	7.50	\$ 20.00	\$ 150.00
Total						\$ 150.00
HST						\$ 0.00
Amount Due						\$ 150.00

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INVOICE

INVOICE: **53**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Loretta Beasant
RN
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Maria Corazon Cinco	6/30/2019	08:00 PM	12:00 AM	4.00	\$ 20.00	\$ 80.00
Total						\$ 80.00
HST						\$ 0.00
Amount Due						\$ 80.00

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