



To :
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CALGARY
ALBERTA
CANADA

INVOICE

INVOICE : **40**
DATE : 24-May-2019

Service Name	Caregiver	Booking Date	Start Time	End Time	Hrs	Rate	Tax	Total Amount
PHYSIOTHER APY	care giver	24-May-2019 06:07 AM	24-May-2019 01:00 PM	24-May-2019 01:30 PM	0.50	\$ 30.00	\$ 0.08	\$ 15.08

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Thank you For Your Business !