



INVOICE

INVOICE: **AVR- 150773**

DATE: 04/08/2020

To :

Accounts Department

ADVENT VALLEYVIEW RESIDENCE

541 FINCH AVE WEST

ONTARIO

4163980555

For : 424

PSW

ONE ON ONE

STAFF PROVIDED FOR 01/01/2020 to 12/31/2020

Caregiver Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Camila Miranda De Azevedo Souza	1/5/2020	07:00 AM	03:00 PM	424	7.50	\$ 25.00	\$ 187.50
Total							\$ 187.50
HST							\$ 24.38
Amount Due							\$ 211.88

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

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Thank you For Your Business !