

INVOICE

INVOICE: **10**
DATE: 25-Jun-2019

To :
Accounts Department
clientNira
test
ALBERTA
234567890

For :
Mario Brown
PHYSIO
ONE ON ONE
STAFF PROVIDED FOR 01-Jan-2019 to 31-Dec-2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
care giver	6/26/2019	07:00 AM	03:00 PM	7.50	\$ 20.00	\$ 150.00
Total						\$ 150.00
HST						\$ 0.00
Amount Due						\$ 150.00

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

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Thank you For Your Business !