

To: qwe q CALGARY ALBERTA CANADA

INVOICE

INVOICE: 26

DATE : 22-May-2019

Service Name	Caregiver	Booking Date	Start Time	End Time	Hrs	Rate	Tax	Total Amount
PHYSIOTHER APY	care giver	22-May-2019 10:54 AM	28-May-2019 12:00 PM	28-May-2019 03:30 PM	3.50	\$ 30.00	\$ 0.53	\$ 105.53

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