

INVOICE

INVOICE: **38**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
RPN
ESCORT
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Freda Somuah	6/22/2019	08:00 PM	08:00 AM	11.50	\$ 30.00	\$ 345.00
Total						\$ 345.00
HST						\$ 1.73
Amount Due						\$ 346.73

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Tel : 416 960 1042

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Thank you For Your Business !