

## INVOICE

**To :**  
Accounts Department  
**testclient**  
test  
BRITISH COLUMBIA

INVOICE: **test 101**  
DATE: 20-Jun-2019

**For :**  
PHYSIO  
STAFF PROVIDED FOR May, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
care giver	5/23/2019	09:00 PM	09:00 AM		11.50	\$ 20.00	\$ 230.00
						<b>Total</b>	<b>\$ 230.00</b>
						<b>HST</b>	<b>\$ 0.00</b>
						<b>Amount Due</b>	<b>\$ 230.00</b>

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

info@tranquilcare.ca  
www.tranquilcare.ca

Thank you For Your Business !