



To :  
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CALGARY  
ALBERTA  
CANADA

## INVOICE

INVOICE : **34**  
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 11:30 AM	28-May-2019 10:00 AM	28-May-2019 11:00 AM	1.00	\$ 30.00	\$ 0.30	\$ 60.30

240 Duncan Mill Rd, Ste 501,  
TORONTO,ONTARIO,  
M3B 3S6, CANADA  
Tel : 416 960 1042  
Email : info@tranquilcare.ca

Thank you For Your Business !