



To :  
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CALGARY  
ALBERTA  
CANADA

## INVOICE

INVOICE : **28**  
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 09:50 AM	27-May-2019 09:30 AM	27-May-2019 10:00 AM	0.50	\$ 30.00	\$ 0.08	\$ 15.08

240 Duncan Mill Rd, Ste 501,  
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Thank you For Your Business !