

To:

9874563210

INVOICE

INVOICE: **58** DATE: 26-Jun-2019

Accounts Department

Nira
amstor
ALBERTA

For:
RPN
STAFE

STAFF PROVIDED FOR June, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Anna Costales	6/4/2019	09:00 PM	09:00 AM		11.50	\$ 30.00	\$ 345.00
Freda Somuah	6/11/2019	03:00 PM	11:00 PM		7.50	\$ 30.00	\$ 225.00
JIJO SOLOMON	6/29/2019	09:00 AM	09:00 PM		11.50	\$ 30.00	\$ 345.00
Anna Costales	6/29/2019	08:00 PM	08:00 AM		11.50	\$ 30.00	\$ 345.00
		Total					
		HST Amount Due					