



INVOICE

INVOICE: **AVR- 150775**

DATE: 04/08/2020

To :

Advent Valley Manager

ADVENT VALLEYVIEW RESIDENCE

541 FINCH AVE WEST

ONTARIO

4163980555

For : 261

PSW

ONE ON ONE

STAFF PROVIDED FOR 01/01/2020 to 12/31/2020

Caregiver Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Camila Miranda De Azevedo Souza	1/19/2020	03:00 PM	11:00 PM	261	7.50	\$ 25.00	\$ 187.50
Camila Miranda De Azevedo Souza	1/30/2020	09:00 AM	03:00 PM	261	6.00	\$ 25.00	\$ 150.00
Total							\$ 337.50
HST							\$ 43.88
Amount Due							\$ 381.38

240 Duncan Mill Rd, Ste 501,
ALBERTA, M3B 3S6, CANADA
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Thank you For Your Business !