

INVOICE

INVOICE: **24**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Abdul Ahad Wahidi
RN
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Maria Corazon Cinco	6/30/2019	07:00 AM	03:00 PM	7.50	\$ 20.00	\$ 150.00
Total						\$ 150.00
HST						\$ 0.00
Amount Due						\$ 150.00

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ONTARIO, M3B 3S6, CANADA
Tel : 416 960 1042

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Thank you For Your Business !