

INVOICE

INVOICE: **IGH- 160560**

DATE: 04/08/2020

For: RN STAFF PROVIDED FOR 01/01/2020 to 12/31/2020

To: **Accounts Department INA GRAFTON GAGE HOME** 40 BELL ESTATE RD, SCARBOROUGH **ONTARIO** 416 422 4890

Caregiver Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Maria Corazon Cinco	1/1/2020	12:00 AM	07:00 AM	3rd Floor	6.50	\$ 64.50	\$ 419.25
Maria Corazon Cinco	1/1/2020	11:00 PM	12:00 AM	3rd Flr	1.00	\$ 64.50	\$ 64.50
Maria Corazon Cinco	1/2/2020	12:00 AM	07:00 AM	3rd Flr	6.50	\$ 43.00	\$ 279.50
		l			1	Total	\$ 763.25
HST Amount Due						HST	\$ 0.00
						\$ 763.25	

240 Duncan Mill Rd, Ste 501, ONTARIO, M3B 3S6, CANADA Tel: 1 416 960 1042



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Caregiver Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Freddie Obregon	1/21/2020	03:00 PM	11:00 PM	Unit 2	7.50	\$ 33.00	\$ 247.50
Normi Agtarap	1/21/2020	03:00 PM	11:00 PM	Unit 1	7.50	\$ 33.00	\$ 247.50
			-	-		Total	\$ 495.00
						HST	\$ 0.00
						Amount Due	\$ 495.00

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For: Joan Gilbert

PSW ESCORT

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

To:Accounts Department **INA GRAFTON GAGE HOME**40 BELL ESTATE RD,SCARBOROUGH

ONTARIO 416 422 4890

Caregiver Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Vacon TJ C. Vargas	1/21/2020	02:30 PM	06:30 PM	Joan Gilbert	4.00	\$ 23.50	\$ 94.00
Total							
HST							\$ 12.22
Amount Due							

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