



INVOICE

To :

Accounts Department
ClientNithinTest
aasd
BRITISH COLUMBIA

INVOICE: **5**

DATE: 14-Nov-2019

For :

PSW
STAFF PROVIDED FOR August, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Daniele Mvoto	8/2/2019	09:00 AM	05:00 PM		7.50	\$ 10.00	\$ 75.00
						Total	\$ 75.00
						HST	\$ 0.00
						Amount Due	\$ 75.00

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Thank you For Your Business !