



To :
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CALGARY
ALBERTA
CANADA

INVOICE

INVOICE : **33**
DATE : 22-May-2019

Service Name	Caregiver	Booking Date	Start Time	End Time	Hrs	Rate	Tax	Total Amount
PHYSIOTHER APY	care giver	22-May-2019 11:31 AM	29-May-2019 12:30 AM	29-May-2019 01:30 AM	1.00	\$ 30.00	\$ 0.15	\$ 30.15

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Email : info@tranquilcare.ca

Thank you For Your Business !