



INVOICE

INVOICE: **65**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Michael Grupp
PSW
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Aldrine Estrella	6/17/2019	01:30 AM	10:00 AM	8.00	\$ 20.00	\$ 160.00
Total						\$ 160.00
HST						\$ 0.00
Amount Due						\$ 160.00

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Thank you For Your Business !