

## **INVOICE**

INVOICE: RHN- 200004

DATE: 04/08/2020

**For :** Marylou Henderson

ONE ON ONE

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

**To:**Accounts Department **ROY HENDERSON**Marylou Henderson
ONTARIO
416 277 9958

Caregiver Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Sharmila Sah	1/1/2020	07:30 AM	11:30 AM	Marylou Henderson	4.00	\$ 37.50	\$ 150.00
Sharmila Sah	1/2/2020	07:30 AM	11:30 AM	Marylou Henderson	4.00	\$ 25.00	\$ 100.00
						Total	\$ 250.00
HST						HST	\$ 32.50
Amount Due							\$ 282.50

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