

INVOICE

INVOICE: **IGH- 8** DATE: 26-Jun-2019

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

For:

STAFF PROVIDED FOR April, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount	
Maria Corazon Cinco	4/3/2019	03:00 PM	11:00 PM	3rd Flr	7.50	\$ 43.00	\$ 322.50	
Maria Corazon Cinco	4/5/2019	03:00 PM	11:00 PM	3rd Flr	7.50	\$ 43.00	\$ 322.50	
Maria Corazon Cinco	4/6/2019	03:00 PM	11:00 PM	3rd Flr	7.50	\$ 43.00	\$ 322.50	
Sandra Chioma Aguh	4/6/2019	11:00 PM	07:00 AM	Float	7.50	\$ 43.00	\$ 322.50	
Maria Corazon Cinco	4/8/2019	11:00 PM	07:00 AM	Float	7.50	\$ 43.00	\$ 322.50	
						Total	\$ 1,612.50	
HST								
Amount Due								



INVOICE

INVOICE: **IGH- 9** DATE: 26-Jun-2019

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

For: RPN

STAFF PROVIDED FOR April, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount		
Miranda Chery	4/11/2019	07:00 AM	03:00 PM	2nd Floor	7.50	\$ 33.00	\$ 247.50		
		Total							
	HST								
Amount Due									