

INVOICE

To :
Accounts Department
testclient
test
BRITISH COLUMBIA

INVOICE: **test 5212020**
DATE: 20-Jun-2019

For :
PHYSIO
STAFF PROVIDED FOR May, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
care giver	5/23/2019	09:00 PM	09:00 AM		11.50	\$ 20.00	\$ 230.00
						Total	\$ 230.00
						HST	\$ 0.00
						Amount Due	\$ 230.00

240 Duncan Mill Rd, Ste 501,
ONTARIO, M3B 3S6, CANADA
Tel : 416 960 1042

info@tranquilcare.ca
www.tranquilcare.ca

Thank you For Your Business !