



INVOICE

INVOICE: **NIRA 10087**

DATE: 02/27/2020

To :

Sumesh S

Nira Test

Test Address

BRITISH COLUMBIA

For : PHYSIO

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

| Caregiver Name | Date | Time In | Time Out | Description | Hrs | Rate | Amount |
|----------------|-----------|----------|----------|-------------|------|-------------------|------------------|
| Caregiver1 I | 2/19/2020 | 07:00 AM | 03:00 PM | | 7.50 | \$ 20.00 | \$ 150.00 |
| | | | | | | Total | \$ 150.00 |
| | | | | | | HST | \$ 0.00 |
| | | | | | | Amount Due | \$ 150.00 |

240 Duncan Mill Rd, Ste 501,
ALBERTA, M3B 3S6, CANADA
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Thank you For Your Business !