

INVOICE

INVOICE: **2**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Elizabeth Chalmers
PSW
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Abieyuwa (Abby) Granville	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Aderonke Folademi	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Total						\$ 460.00
HST						\$ 0.00
Amount Due						\$ 460.00

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 !



INVOICE

INVOICE: **3**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
PSW
ESCORT
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Abieyuwa (Abby) Granville	6/7/2019	01:00 AM	02:00 AM	1.00	\$ 20.00	\$ 20.00
Total						\$ 20.00
HST						\$ 0.00
Amount Due						\$ 20.00

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 !

INVOICE

INVOICE: **4**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Daphne Brown Wallace
PSW
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Aderonke Folademi	6/12/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
Total						\$ 150.00
HST						\$ 0.00
Amount Due						\$ 150.00

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 !

INVOICE

INVOICE: **5**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

For :
Tuyet Nguyen
PSW
ONE ON ONE
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Aderonke Folademi	6/14/2019	11:00 PM	10:00 AM	10.50	\$ 20.00	\$ 210.00
Total						\$ 210.00
HST						\$ 0.00
Amount Due						\$ 210.00

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 !



INVOICE

INVOICE: **6**
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

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 !