

## INVOICE

**To :**  
Accounts Department  
**Nira**  
amstor  
ALBERTA  
9874563210

INVOICE: **4**  
DATE: 20-Jun-2019

**For :**  
PHYSIO  
STAFF PROVIDED FOR June, 2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
care giver	6/4/2019	03:00 PM	11:00 PM	test	7.50	\$ 20.00	\$ 150.00
care giver	6/6/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
care giver	6/10/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
care giver	6/11/2019	12:00 AM	01:00 AM		1.00	\$ 20.00	\$ 20.00
care giver	6/11/2019	09:30 AM	10:30 AM		1.00	\$ 20.00	\$ 20.00
care giver	6/11/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
care giver	6/13/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
care giver	6/14/2019	12:00 AM	01:30 AM		1.50	\$ 20.00	\$ 30.00
care giver	6/15/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
care giver	6/19/2019	12:00 AM	01:00 AM		1.00	\$ 20.00	\$ 20.00
care giver	6/19/2019	01:30 AM	02:00 AM		0.50	\$ 20.00	\$ 10.00
care giver	6/20/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
care giver	6/22/2019	12:00 AM	01:00 AM		1.00	\$ 20.00	\$ 20.00
care giver	6/22/2019	01:00 AM	02:00 AM		1.00	\$ 20.00	\$ 20.00
care giver	6/25/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
care giver	6/28/2019	02:00 AM	03:00 AM		1.00	\$ 20.00	\$ 20.00
care giver	6/28/2019	03:00 AM	04:00 AM		1.00	\$ 20.00	\$ 20.00

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

Thank you For Your Business !

info@tranquilcare.ca  
www.tranquilcare.ca

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Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
care giver	6/28/2019	05:00 AM	06:00 AM		1.00	\$ 20.00	\$ 20.00
care giver	6/28/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
care giver	6/29/2019	12:00 AM	02:00 AM		2.00	\$ 20.00	\$ 40.00
care giver	6/29/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
care giver	6/30/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
	<b>Total</b>						<b>\$ 1,890.00</b>
	<b>HST</b>						<b>\$ 9.45</b>
	<b>Amount Due</b>						<b>\$ 1,899.45</b>

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