

INVOICE

INVOICE: **75**
DATE: 26-Jun-2019

To :
Accounts Department
Nira
amstor
ALBERTA
9874563210

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

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Calvin Trieu	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Ahlan Dangaa	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Maria Corazon Cinco	6/5/2019	08:00 PM	08:00 AM	11.50	\$ 20.00	\$ 230.00
Total						\$ 690.00
HST						\$ 0.00
Amount Due						\$ 690.00

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

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Thank you For Your Business !