

# INVOICE

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

INVOICE: **46**  
DATE: 26-Jun-2019

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

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Sandra Chioma Aguh	6/1/2019	12:00 AM	08:00 AM		7.50	\$ 20.00	\$ 150.00
Maria Corazon Cinco	6/4/2019	09:00 AM	09:00 PM		11.50	\$ 20.00	\$ 230.00
Oluchukwu Nnene Ozonma	6/11/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
Calvin Trieu	6/12/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
Ahlam Dangaa	6/12/2019	08:00 PM	08:00 AM		11.50	\$ 20.00	\$ 230.00
Calvin Trieu	6/16/2019	09:00 AM	09:00 PM		11.50	\$ 20.00	\$ 230.00
Ahlam Dangaa	6/29/2019	03:00 PM	11:00 PM		7.50	\$ 20.00	\$ 150.00
Calvin Trieu	6/29/2019	08:00 PM	08:00 AM		11.50	\$ 20.00	\$ 230.00
Ahlam Dangaa	6/30/2019	07:00 AM	03:00 PM		7.50	\$ 20.00	\$ 150.00
	<b>Total</b>						<b>\$ 1,670.00</b>
	<b>HST</b>						<b>\$ 0.00</b>
	<b>Amount Due</b>						<b>\$ 1,670.00</b>

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ONTARIO, M3B 3S6, CANADA  
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Thank you For Your Business !