

INVOICE

INVOICE: **test 5212021**
DATE: 20-Jun-2019

To :
Accounts Department
testclient
test
BRITISH COLUMBIA

For :
Mario Brown
PHYSIO
ONE ON ONE
STAFF PROVIDED FOR May, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
care giver	5/16/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
care giver	5/28/2019	12:30 AM	01:30 AM	1.00	\$ 30.00	\$ 30.00
Total						\$ 180.00
HST						\$ 0.00
Amount Due						\$ 180.00

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