

# INVOICE

**To :**  
Accounts Department  
**Panasonic**  
Nirast  
ONTARIO

INVOICE: **10**  
DATE: 31-Dec-2019

**For : PSW**  
STAFF PROVIDED FOR 01-Jan-2019 to 31-Dec-2019

Caretaker Name	Date	Time In	Time Out	Description	Hrs	Rate	Amount
Panasonic Caretaker	11/9/2019	11:00 PM	12:00 AM		1.00	\$ 10.00	\$ 10.00
Panasonic Caretaker	11/10/2019	12:00 AM	07:00 AM		6.50	\$ 15.00	\$ 97.50
Panasonic Caretaker	12/18/2019	07:00 AM	03:00 PM		7.50	\$ 10.00	\$ 75.00
Panasonic Caretaker	12/27/2019	07:00 AM	03:00 PM		7.50	\$ 10.00	\$ 75.00
	<b>Total</b>						<b>\$ 257.50</b>
	<b>HST</b>						<b>\$ 0.00</b>
	<b>Amount Due</b>						<b>\$ 257.50</b>

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Thank you For Your Business !