

## INVOICE

INVOICE: **40**  
DATE: 26-Jun-2019

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

**For :**  
Mr. Murray  
RN  
ONE ON ONE  
STAFF PROVIDED FOR June, 2019

Caregiver Name	Date	Time In	Time Out	Hrs	Rate	Amount
Ahlam Dangaa	6/24/2019	03:00 PM	11:00 PM	7.50	\$ 20.00	\$ 150.00
<b>Total</b>						<b>\$ 150.00</b>
<b>HST</b>						<b>\$ 0.00</b>
<b>Amount Due</b>						<b>\$ 150.00</b>

240 Duncan Mill Rd, Ste 501,  
ONTARIO, M3B 3S6, CANADA  
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Thank you For Your Business !