## INVOICE



## AMI Expeditionary Healthcare LLC 12030 Sunrise Valley Drive

Suite 240 Reston, Virginia 20191 *Phone:* 5.1.2e

## BILL Ministry of Health, Welfare and Sport TO Department of Health and Youth Carribeau

Department of Health and Youth Carribean Netherlands PO Box 205350 The Hague, 2500 EJ

INVOICE #	DATE	DUE DATE	TERMS	REFERENCE
INV-052020	05/31/2020	06/07/2020	Net 7	St Maarten Contract signed 4 April 2020; For the month ending May 2020

ITEM NAME	DESCRIPTION	QTY	UNIT PRICE	LINE TOTAL		
Project Management	Project Management One month service					
MANAGEMENT ANALYST	MANAGEMENT ANALYST FOR COVID19 PROJECT SUPPORT					
ICU MEDICAL DOCTOR	ICU MEDICAL DOCTOR	_				
ICU NURSE PRACTITIONER	ICU NURSE PRACTITIONER					
ICU REGISTERED NURSE	ICU REGISTERED NURSE					
PARAMEDIC	PARAMEDIC FOR DHHS COVID19 SURGE EFFORT	5.1.2b				
CERTIFIED NURSING ASSISTANT	CERTIFIED NURSING ASSISTANT FOR THE DHHS COVID- 19 SURGE EFFORT					
RESPIRATORY THERAPIST	RESPIRATORY THERAPIST					
CERTIFIED CASE WORKER	CERTIFIED CASE WORKER					
LOGISTICIAN	LOGISTICIAN					
PROJECT INSURANCE PREMIUM	PROJECT INSURANCE PREMIUM					
PERSONAL PROTECTIVE EQUIPMENT	ALL INCLUSIVE CATEGORY OF PERSONAL PROTECTIVE EQUIPMENT (MASKS, GLOVES, BODY PROTECTION, TYVEK, ETC.)					
			SUBTOTAL	5.1.2		
			TOTAL	- 5.1.2		

## ELECTRONIC PAYMENT INSTRUCTIONS:

PNC BANK N.A. 249 FIFTH AVE. PITTSBURGH, PA 15222

FOR AMI EXPEDITIONARY HEALTHCARE LLC

ACCOUNT: 5.1.1c

ABA ROUTING: 5.1.1c

SWIFT: 5.1.1c

THANK YOU FOR YOUR BUSINESS