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 Carribea

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

INVOICE #	DATE	DUE DATE	TERMS	REFERENCE
INV-062020	06/30/2020	07/07/2020	Net 7	St Maarten Contract signed 4 April 2020; Fo the month ending June 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				
CERTIFIED NURSING ASSISTANT	CERTIFIED NURSING ASSISTANT FOR THE DHHS COVID- 19 SURGE EFFORT	5.1.2b			
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