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-062020A	06/30/2020	07/07/2020	Net 7	Aruba Contract signed April 2020; For the month ending June 202

ITEM NAME	DESCRIPTION	QTY	UNIT PRICE	LINE TOTAL		
PROJECT MANAGER	PROJECT MANAGER FOR ON LOCATION DHHS SURGE EFFORT					
WARD ADMINISTRATION	WARD ADMINISTRATION					
CCU /ICU MEDICAL DOCTOR	CCU /ICU MEDICAL DOCTOR					
ICU REGISTERED NURSE	ICU REGISTERED NURSE		5.1.2b			
PERSONAL PROTECTIVE EQUIPMENT	ALL INCLUSIVE CATEGORY OF PERSONAL PROTECTIVE EQUIPMENT (MASKS, GLOVES, BODY PROTECTION, TYVEK, ETC.)					
REGISTERED NURSE	REGISTERED NURSE					
			SUBTOTAL	5.1.2		
			TOTAL	3.1.		

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