## **INVOICE**



PERIOD ENDED 28 APRIL

AMI Expeditionary Healthcare LLC

11150 Sunset Hills Road Reston,VA 20190 Phone: +1 571-375-8366

BILL TO Ministry of Health, Welfare and Sport

Department of Health and Youth Carribean Netherlands

PO Box 205350 The Hague, 2500 EJ

INVOICE #	DATE	DUE DATE	TERMS	REFERENCE
INV-00949	05/28/2020	06/04/2020	Net 7	CURACAO COVID19 SUPPPORT CONTRACT DATED 14 APRIL, REVISED 5 MAY; INITIAL INVOICE

ITEM NAME	DESCRIPTION	QTY	UNIT PRICE	LINE TOTAL	
PROJECT MANAGER	PROJECT MANAGER COVID19 SURGE EFFORT	1			
WARD ADMINISTRAT ION	WARD ADMINISTRATION	1			
CCU/ICU MEDICAL DOCTOR	CCU/ICU MEDICAL DOCTOR	1	5.1.1c		
ICU REGISTERED NURSE	ICU REGISTERED NURSE	1			
REGISTERED NURSE	REGISTERED NURSE	1			
CRITICAL CARE PARAMEDIC	CRITICAL CARE PARAMEDIC	1			
Mobilization	Contract Mobilization charge	1			
COVID-19 IgG/IgM Rapid Test	COVID-19 IgG/IgM Rapid Test	1			
	1		SUBTOTAL		
			TOTAL	5.1.1c	

THIS INVOICE IS ADJUSTED PER THE SIGNED AGREEMENT FOR THE PERIOD 14 APRIL-28 APRIL.

ELECTRONIC PAYMENT INSTRUCTIONS:

THANK YOU FOR YOUR BUSINESS

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

FOR AMI EXPEDITIONARY HEALTHCARE LLC ACCOUN ABA ROU 5.1.2h SWIFT: