

## INVOICE

**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-00977 | 06/14/2020 | 06/21/2020 | Net 7 | St Maarten Contract signed 4 April 2020; For the week ending 14 June 2020 |

| ITEM NAME                   | DESCRIPTION   | QTY | UNIT PRICE | LINE TOTAL |
|-----------------------------|---|-----|------------|------------|
| Project Management          | Project Management One month service                            | 1   |            | 5.1.1c     |
| ADMINISTRATIVE STAFF - HHS  | ADMINISTRATIVE STAFF FOR HQ STAFF SURGE FOR DHHS COVID19 EFFORT | 1   |            |            |
| ICU MEDICAL DOCTOR          | ICU MEDICAL DOCTOR  | 1   |            |            |
| ICU NURSE PRACTITIONER      | ICU NURSE PRACTITIONER  | 1   |            |            |
| ICU REGISTERED NURSE        | ICU REGISTERED NURSE  | 1   |            |            |
| PARAMEDIC                   | PARAMEDIC FOR DHHS COVID19 SURGE EFFORT                         | 1   |            |            |
| CERTIFIED NURSING ASSISTANT | CERTIFIED NURSING ASSISTANT FOR THE DHHS COVID-19 SURGE EFFORT  | 1   |            |            |
| RESPIRATORY THERAPIST       | RESPIRATORY THERAPIST   | 1   |            |            |
| CERTIFIED CASE WORKER       | CERTIFIED CASE WORKER   | 1   |            |            |
| LOGISTICIAN                 | LOGISTICIAN ON SITE FOR HHS COVID19 SURGE EFFORT                | 1   |            |            |
| PROJECT INSURANCE PREMIUM   | PROJECT INSURANCE PREMIUM                                       | 1   |            |            |

THANK YOU FOR YOUR BUSINESS

|                               |   |   |          |
|-------------------------------|---|---|----------|
| PERSONAL PROTECTIVE EQUIPMENT | ALL INCLUSIVE CATEGORY OF PERSONAL PROTECTIVE EQUIPMENT (MASKS, GLOVES, BODY PROTECTION, TYVEK, ETC,) | 1 | 5.1.1c   |
|                               |   |   | SUBTOTAL |
|                               |   |   | 5.1.1c   |
|                               |   |   | TOTAL    |
|                               |   |   | 5.1.1c   |

ALL PRICES PRO-RATED BASED ON PERSONNEL ARRIVAL AND PRESENCE

ELECTRONIC PAYMENT INSTRUCTIONS:

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

FOR AMI EXPEDITIONARY HEALTHCARE LLC  
 ACCOUNT  
 ABA RO  
 SWIFT: 5.1.2h

THANK YOU FOR YOUR BUSINESS