## **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-01176 | 11/20/2020 | 11/27/2020 | Net 7 | CB Contract signed 1st<br>Sep 2020; For the month<br>of Oct 2020 Curacao |

| EM NAME DESCRIPTION           |        | QTY | UNIT PRICE | LINE TOTAL |  |
|-------------------------------|--------|-----|------------|------------|--|
| ICU REGISTERED NURSE          |        | 1   |            |            |  |
| Discount                      |        | 1   |            |            |  |
| ICU MEDICAL DOCTOR            |        | 1   |            |            |  |
| Discount                      |        | 1   |            |            |  |
| PHYSICIAN ASSISTANT           |        | 1   |            |            |  |
| Project Manager               |        | 1   |            |            |  |
| RESPIRATORY THERAPIST         | 5.1.1c | 1   |            | 5.1.1c     |  |
| Emergency Physician           |        | 1   |            |            |  |
| LOGISTICIAN                   |        | 1   |            |            |  |
| Discount                      |        | 1   |            |            |  |
| PERSONAL PROTECTIVE EQUIPMENT |        | 1   |            |            |  |
| PROJECT INSURANCE PREMIUM     |        | 1   |            |            |  |
| Discount                      |        | 1   |            |            |  |
|                               |        |     | SUBTOTAL   |            |  |
|                               |        |     | TOTAL      | 5.1.10     |  |

ELECTRONIC PAYMENT INSTRUCTIONS:

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

FOR AMI EXPEDITIONARY HEALTHCARE LLC ACCOUN ABA ROL 5.1.2h

SWIFT: F