

## INVOICE



**AMI Expeditionary Healthcare LLC**  
 12030 Sunrise Valley Drive  
 Suite 240  
 Reston, Virginia 20191  
 Phone: 5.1.2e

**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-042020A | 04/30/2020 | 05/07/2020 | Net 7 | Aruba Contract signed 4 April 2020; For the month ending April 2020 |

| ITEM NAME                     | DESCRIPTION   | QTY | UNIT PRICE | LINE TOTAL |
|-------------------------------|---|-----|------------|------------|
| PROJECT MANAGER               | PROJECT MANAGER FOR ON LOCATION DHHS SURGE EFFORT   |     | 5.1.2b     |            |
| WARD ADMINISTRATION           | WARD ADMINISTRATION   |     |            |            |
| CCU /ICU /MEDICAL DOCTOR      | CCU /ICU MEDICAL DOCTOR   |     |            |            |
| ICU REGISTERED NURSE          | ICU REGISTERED NURSE  |     |            |            |
| PERSONAL PROTECTIVE EQUIPMENT | ALL INCLUSIVE CATEGORY OF PERSONAL PROTECTIVE EQUIPMENT (MASKS, GLOVES, BODY PROTECTION, TYVEK, ETC.) |     |            |            |
| COVID-19 IgG/IgM Rapid Test   | COVID-19 IgG/IgM Rapid Test   |     |            |            |
| Mobilization / Demobilization | Contract Mobilization Charge  |     |            |            |
|                               |   |     | SUBTOTAL   | 5.1.2b     |
|                               |   |     | TOTAL      |            |

## 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