

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 Caribbean Netherlands
 PO Box 205350
 The Hague, 2500 EJ

| INVOICE # | DATE | DUE DATE | TERMS | REFERENCE |
|------------|------------|------------|-------|---|
| INV-072020 | 07/31/2020 | 08/07/2020 | Net 7 | St Maarten Contract signed 4 April 2020; For the month ending July 2020 |

| ITEM NAME | DESCRIPTION | QTY | UNIT PRICE | LINE TOTAL |
|-------------------------------|---|--------|-----------------|------------|
| Project Management | Project Management One month service | | | |
| MANAGEMENT ANALYST | MANAGEMENT ANALYST FOR COVID19 PROJECT SUPPORT | | | |
| ICU MEDICAL DOCTOR | ICU MEDICAL DOCTOR | | | |
| ICU NURSE PRACTITIONER | ICU NURSE PRACTITIONER | | | |
| ICU REGISTERED NURSE | ICU REGISTERED NURSE | | | |
| PARAMEDIC | PARAMEDIC FOR DHHS COVID19 SURGE EFFORT | 5.1.2b | 5.1.2b | 5.1.2b |
| CERTIFIED NURSING ASSISTANT | CERTIFIED NURSING ASSISTANT FOR THE DHHS COVID-19 SURGE EFFORT | | | |
| RESPIRATORY THERAPIST | RESPIRATORY THERAPIST | | | |
| CERTIFIED CASE WORKER | CERTIFIED CASE WORKER | | | |
| LOGISTICIAN | LOGISTICIAN | | | |
| PROJECT INSURANCE PREMIUM | PROJECT INSURANCE PREMIUM | | | |
| PERSONAL PROTECTIVE EQUIPMENT | ALL INCLUSIVE CATEGORY OF PERSONAL PROTECTIVE EQUIPMENT (MASKS, GLOVES, BODY PROTECTION, TYVEK, ETC.) | | | |
| | | | SUBTOTAL | |
| | | | 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