

# PROFORMA INVOICE



The following number must appear on all Invoices, acknowledgements and purchase orders related to this Proforma Invoice.

53 Newport Boulevard  
Tel: (876) 923-5441-7  
Fax: (876) 937-8303

REFERENCE DATE

16 .03. 2022

Ministry of Health  
52-60 Grenada Crescent  
Kingston 5

Attn:

Tel:

Fax:

Patient: Breon Barnett

QTY	CODE	DESCRIPTION	UNIT PRICE \$JAD	AMOUNT \$JAD
3		Enbrel PFS 5mg x 4	254,941.83	764,825.49

This quotation supersedes any previous written or oral quotation from Facey Commodity Co. Ltd. and is valid for **thirty days** from the date.

KINDLY ACKNOWLEDGE RECEIPT OF THIS PROFORMA INVOICE

Subtotal

764,825.49

GCT

TOTAL \$

764,825.49

FACEY COMMODITY CO. LTD.

Approved by: ..... (Mrs. Abigail Johnson Haughton)

Date: ..... 16/3/2022