

# MEMORANDUM

Marksman Limited

14-16 Balmoral Avenue

Kingston 10

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TO: Mrs. Natalie Levy-Dawes  
**Financial Controller**

FROM: Miss Shauna Farquharson  
**HRSS-Administration Manager**

DATE: November 16, 2022

**RE: Dr. Lee Martin (MML)**

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Kindly approve payment in the sum of **five thousand dollars (\$5,000.00)** for service rendered to security officer Paul Fenty.

Please refer to the attached bill statement. As per the attached Salary Deduction Authorizations, please make the necessary deductions.

Regards.

/TJD

**APPROVED BY**  
Sign: 

# BILL STATEMENT

BILLED TO: Marksman Limited

ADDRESS: .....

DATE: November 3, 2022

| BILL# | NAME OF PATIENT | AMOUNT DUE |
|-------|-----------------|------------|
|-------|-----------------|------------|

|        |  |             |
|--------|--|-------------|
| Area 1 | Paul Fenty                               | 2,500.00    |
|        | Marksman Limited (Re: Collette Beckford) | 5,500.00    |
|        | Marksman Limited (Re: Courtney Wilson)   | 3,000.00    |
| Area 1 | Paul Fenty                               | 2,500.00    |
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|        |  |             |
|        |  | \$5,000.00  |
|        |  |             |
|        | TOTAL OUTSTANDING                        | \$13,500.00 |

**PLEASE MAKE ALL CHEQUE/S PAYABLE TO DR LEE M. MARTIN**

BILL BECOMES DUE ON .....

**SIGNATURE**

LEE M. MARTIN  
JP, MB, BS, FRCS (Edin)  
Reg. # 73783

STAMP

DR. LEE M. MARTIN  
16 Cargill Avenue,  
Kingston 10.  
PH. (876) 816-0756

BILLED TO: Paul Fenty

ADDRESS: Marksmen Limited

COMPANY IDENTIFICATION NUMBER: # 4455

PATIENT'S NAME: Paul Fenty

| DESCRIPTION           | COST       |
|-----------------------|------------|
| Doctor's Consultation | \$2,000.00 |
| Procedures            | \$500.00   |
| —                     | —          |
| —                     | —          |
| Balance               | \$2,500.00 |

I HEREBY AUTHORIZE THE ABOVE TOTAL COST TO BE DEDUCTED FROM  
MY SALARY.

SIGNATURE OF PATIENT: P. Fenty DATE: 3.11.22.

**PLEASE MAKE ALL CHEQUES PAYABLE TO DR. LEE M. MARTIN**

DR. LEE M. MARTIN  
16 Cargill Avenue,  
Kingston 10.  
PH. (876) 816-0756

BILLED TO: Paul Fenty

ADDRESS: Marksman Limited

COMPANY IDENTIFICATION NUMBER: #4455

PATIENT'S NAME: Paul Fenty

| DESCRIPTION    | COST       |
|----------------|------------|
| Doctor's Visit | \$2,000.00 |
| Procedures     | \$500.00   |
| —              | —          |
| —              | —          |
| Balance        | \$2,500.00 |

I HEREBY AUTHORIZE THE ABOVE TOTAL COST TO BE DEDUCTED FROM  
MY SALARY.

SIGNATURE OF PATIENT: P. Fenty DATE: 27-10-22.

**PLEASE MAKE ALL CHEQUES PAYABLE TO DR. LEE M. MARTIN**