



MEMORANDUM

TO: Mrs. Natalie Levy-Dawes
Financial Controller

FROM: Miss Shauna Farquharson
HRSS-Administration Manager

DATE: November 16, 2022

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

Kindly approve payment in the sum of **thirty thousand, five hundred dollars (\$30,500.00)** for service rendered to security contractors

1. Carl Hutton
2. Carl Hutton(Re: Sash-Shauna Williams)
3. Wallata Francis-Neil
4. Jerannie Peterkin
5. Tiffany Campbell
6. Kedeisha Gordon

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: Guardsman Limited


ADDRESS:

DATE: November 3, 2022

BILL#	NAME OF PATIENT	AMOUNT DUE
Area 2	Carl Hutton	2,500.00
Area 2	Carl Hutton (Re: Sash-Shauna Williams)	5,000.00
Area 2	Guardsman Ltd (Re: Wallata Francis - Neil)	7,000.00
Medical -	Guardsman Ltd (Re: Charles Hyman)	7,500.00
Area 2	Jerannie Peterkin	5,000.00
Area 2	Guardsman Ltd (Re: Tiffany Campbell)	5,500.00
	Guardsman Ltd (Re: Andrew Pinnock)	4,500.00
	Guardsman Ltd (Re: Andrew Pinnock)	4,500.00
Area 2	Guardsman Ltd (Re: Kedeisha Gordon)	5,500.00
	Guardsman Ltd (Re: Niya Rhone)	5,500.00
	Guardsman Ltd (Re: Bryan Nesbeth)	5,500.00
		\$30,500.00
	TOTAL OUTSTANDING	\$58,000.00

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: Carl Hutton

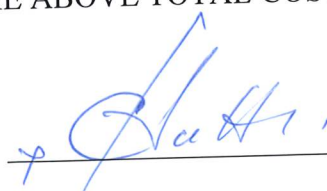
ADDRESS: Guardsman Limited

COMPANY IDENTIFICATION NUMBER: # 31380

PATIENT'S NAME: Carl Hutton

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:  DATE: 03/11/22

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: Carl Hutton

ADDRESS: Guardsman Limited

COMPANY IDENTIFICATION NUMBER: #31380

PATIENT'S NAME: y Sash-Shauna Williams

DESCRIPTION	COST
Doctor's Consultation	\$5,000.00
—	—
—	—
—	—
Balance	\$5,000.00

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

SIGNATURE OF PATIENT: y  DATE: y 03/11/22

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

*Sick on the job

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

BILLED TO: Guardsman Limited

ADDRESS: _____

COMPANY IDENTIFICATION NUMBER: _____

PATIENT'S NAME: Wallata Francis - Neil

DESCRIPTION	COST
Doctor's Consultation	\$2,000.00
Procedures	\$5,000.00
—	—
—	—
Balance	\$7,000.00

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

SIGNATURE OF PATIENT: y W. Neil DATE: NOV/3/2022

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: Jerannie Peterkin
ADDRESS: THBeryllium Limited Guardsman Limited
COMPANY IDENTIFICATION NUMBER: _____
PATIENT'S NAME: Jerannie Peterkin

DESCRIPTION	COST
Doctor's Visit	\$2,000.00
Procedures	\$3,000.00
—	—
—	—
—	\$5,000.00

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

SIGNATURE OF PATIENT: [Signature] DATE: 24/10/22

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

* Sick on the job

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

BILLED TO: Guardsman Limited

ADDRESS: _____

COMPANY IDENTIFICATION NUMBER: _____

PATIENT'S NAME: ✓ Tiffany Campbell

DESCRIPTION	COST
Doctor's Visit	\$2,000.00
Procedures	\$3,500.00
—	—
—	—
Balance	\$5,500.00

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

SIGNATURE OF PATIENT: ✓ Campbell DATE: ✓ 2/11/22

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: Guardsman Limited

ADDRESS: _____

COMPANY IDENTIFICATION NUMBER: _____

PATIENT'S NAME: L. Kedeisha Gordon

DESCRIPTION	COST
Doctor's Visit	\$ 2,000.00
Procedures	\$ 3,500.00
—	—
—	—
Balance	\$ 5,500.00

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

SIGNATURE OF PATIENT: L. Gordon DATE: 1/11/22

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