

# MEMORANDUM

MARKSMAN LIMITED

14-16 Balmoral Avenue

Kingston 10

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To: Natalie Levy-Dawes  
Financial Controller– **Finance Shared Services**

From: Charmain Mighty-Campbell  
**HRSS Welfare Manager**



Date: October 28, 2022

Re: **Reimbursement- Fiona Smith- (Sector-OR)**

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Kindly approve reimbursement in the amount of **Seven Thousand Six Hundred Thirty Nine Dollars and Sixty Cent (\$7,639.60)** for Security Contractor, **FIONA SMITH**.

This amount represents payment for medical expenses that were absorbed by **Fiona Smith** who was injured on the job.

Kindly make cheque payable to **Fiona Smith**.

Regards,

/phj

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TRUELIFE FAMILY PHARMACY

main street

Alexandria

9948759

GCT# 101-321-745/008

RXN 1/1/2000

\*\*\*\*\* THIS IS A REPRINT \*\*\*\*\*

TR TYPE : 115038

Date/User: Oct 18, 2022 03:55pm Admin

Patient : SMITH, FIONA

Doctor : JAMES, HERMA

Phar'cist: KHALIL BROOKS

QTY. DESCRIPTION	EXTENDED
1 CERVICAL COLLAR KX	3,051.08T
14 HYDOCALM TABS 150MG 30'S	1,417.02
16 APO-DICLO SR 75MG TABLETS	537.64
16 PANTODENK 20 TABS 28S	967.40
5 APO-LEVOFLOXACIN 500MG 100	509.00
7 STENETIL 5 MG 25s	699.80

6 Item(s)	SUB :	7,181.94
	TAX :	457.66
	TOTAL :	7,639.60
	TENDER:	0.00
	CHANGE:	0.00

\*\*\*\*\* THIS IS A REPRINT \*\*\*\*\*

Have a nice day.

Exchange only with receipt.