



AP REC 2/24/2022

Providers VAX Secure Invoice Upload

Tracking Number

1503

Date

2/17/2022

Contract Information

Please enter the contract number first to automatically populate the fields listed with an asterisk (*) Please note that these fields are "Read Only" and edits are not permitted on the form.

OTH-VAX-576	M Holdings LLC DBA My Pharmacy	83-1454255	7000297256
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number

James Hampton Manning	Pharmacist, Owner	(843) 845-7905	hamp@mypharmacyandoptical.com
Contact (Full Name)	Title	Phone EXT	Contact EMAIL

808 Highway 378 Suite B	Lexington	SC	29072
* Address	* STE #	* City	* State * Zip

INVOICE NUMBER	INVOICE AMOUNT	Pay Only \$44,264.96
21	44,478.08	

Please Upload Invoice for Payment Review

To ensure prompt processing of your invoice ensure that you include the invoice number in the file name that you upload. Please ensure that all required information is included on the invoice. Click below for more details

Secure Document Upload

Please upload the invoice PDF to our secure website using the buttons below.

Pay only \$44,264.96 Adjusted Covid 19 Vac Reimbursement Request
 Invoice 7314462194 \$841.20 McKesson
 Adjusted Hotel Receipt with GSA rates
 printer inv_lex_dec

I certify that no other funds have been received or will be reimbursed by any other source for the amounts claimed on this invoice

Signature (required) Click to Sign

James Hampton Manning
 2/17/2022 5:31:23 PM

\$44,478.08
 Invoice Total

Yes
 No

The attached invoice is accurate and the invoice total is correct.

ACC Testing Approval

Bonner, Melissa
 2/23/2022 12:45:40 PM

Budget and Finance Approval

Samuels, Tierra B.
 2/24/2022 10:40:23 AM

Approved Funding _____

Approved Invoices to Date _____

Available Funding **\$0.00**

Payment Processing Instructions

Pay only \$44,264.96. Rejecting \$213.12 : Amount over the GSA rate.

31070000 Not Relevant J0402AZ998 J040X01058580130
 5021310000 98000018

Accounts Payable Approval

Cate, Vasa
 2/24/2022 11:03:07 AM

If rejecting this form for any reason please provide a brief note to the agency. It will be included in the rejection email notification

COVID-19 Vaccination Reimbursement Request

Community Vaccination Event Information*

Provider Name: M Holdings LLC DBA My Pharmacy
 COVID-19 Vaccine Pin Number: 932016
 Location Name: My Pharmacy - Lexington
 Location Address (incl zip): 808 Hwy 378 Ste B Lexington, SC 29072
 Date & Times: December 1st 2021 - December 31st 2021
 Total # Vaccinations: 2831
 Eligible Vaccinations**:

Please fill in the green cells in this document to calculate the eligible reimbursement for your event. This form will need to be submitted in the invoice portal either as a PDF or XLSX file for each testing event.

Please select yes or no to the following questions to determine eligible reimbursement:

Yes Did your organization provide event management, traffic control and logistics for this event?
 Yes Did your organization provide administrative staff for this event?
 Yes Did your organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event
Event Mgmt, Traffic, Logistics	\$10	\$28,310
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$28,310

Rejecting \$213.12 Hotel room rate is over the GSA rate. Reducing \$596.07 hotel charge to \$382.95.

Additional Cost Summary***:

Total additional cost:	16168.08	\$16,168.08 - \$213.12 = \$15,954.96
Less other funding/reimbursement:		
Net additional cost:	\$16,168.08	

Total Request Amount: \$44,478.08 Pay Only \$44,264.96

* Community Vaccination Events may span multiple days as long as the event location remains the same. All dates should be specified.

** If seeking third-party reimbursement for the services at the event was not appropriate or feasible, then all vaccinations are eligible for reimbursement. If billing third party payers was feasible, then only vaccinations not eligible for insurance reimbursement are eligible for Staffing Reimbursement.

*** Claiming additional costs requires detailed justification and documentation. Please attach answers to the following questions:

- 1) Summary Description of Request and Costs
- 2) Describe Benefit to the State of South Carolina and Statewide Vaccination Efforts including the future distribution and administering of vaccines.
- 3) Describe activities conducted and outcomes expected or achieved
- 4) Is the cost being covered by any other funding source or insurance? Please explain.
- 5) Were all avenues of funding exhausted before using Vaccine Reserve Account funds? Please explain.

McKesson	Phone Lines / VOW	Printers/Copier Fees	Misc / Supplies	Amazon	Verizon	Hotel/ Off Site	Mileage	Tent Rental
		991.11	134	total: 749.61				1738.75
10237.15	120.00 (December)		47.23		69.94	596.07	116.48	
			53.45				291.2	
			224.69				81.6	
							118.72	
							396.48	
							201.6	
							1206.08	
			total 459.37					

McKesson 10237.15
 Phone Lines 120
 Printer/Copier Fees 991.11
 Misc/Supplies 459.37
Amazon 749.61
 Verizon 69.94
 Hotel/Offsite 596.07 Paying only \$382.95 for Hotel
 Mileage 1206.08
 Tent Rental 1738.75

\$16,168.08 $\$16,168.08 - 213.12 = \$15,954.96$

Date	Invoice (Last 4)	Item	Amount Paid
12/6/2021	5824	Needles	358.97
12/6/2021	5823	Gloves / Band-aids	340.3
12/6/2021	1598	Gloves / Band-aids	278.8
12/6/2021	1597	Band-aids	39.33
12/6/2021	1596	Needles / Sod Chl Sol	156
12/6/2021	6473	Sharpes	604.5
12/6/2021	5823	Gloves/ Bandages	340.3
12/14/2021	8505	Gloves	49.5
12/17/2021	5828	Syringe	162.71
12/17/2021	5827	Gloves	2050
12/21/2021	7574	Gloves	1674
12/22/2021	3109	Gloves	2050
12/22/2021	3110	Needles/Syringe	381.11
12/27/2021	2194	Gloves	841.2
12/27/2021	2193	Needles / Syringe	678
12/25/2021	8146	Syringe	6.71
12/30/2021	7585	Needles	126.72
12/30/2021	7587	Gloves	99
			10237.15

Date	Invoice	Item	Amount
12/4/2021	3062	Covid Supplies	84.81
12/8/2021	5466	Covid Supplies	109.84
12/9/2021	9047	Covid Supplies	145.12
12/23/2021	5468	Covid Supplies	87.73
12/26/2021	4242	Covid Supplies	101.22
12/28/2021	5834	Covid Supplies	139.96
12/28/2021	1452	Covid Supplies	35.96
12/28/2021	6625	Covid Supplies	44.97
			749.61

My Pharmacy

808 Hwy 378 Ste B

Lexington, SC 29072

Invoice #21 Additional Expense Explanation

Explanation of expenses for Covid 19 drive thru Immunization Clinic expenses from 12/01/2021-12/31/2021

Location: 808 Hwy 378 Ste B, Lexington, SC 29072 and off-site locations

General description:

We have a two-lane drive thru Covid 19 immunization tent located in our parking lot that is open to the general public. This clinic requires a lot of expenses that are specifically related to this tent and our workflow process for vaccinating the public. From 12/01/2021 thru 12/31/2021 we have immunized **2831** patients. **These numbers include off-site vaccine clinics that we conducted in December, as well.** We visited and are continuing to support covid 19 immunization clinics in numerous long term care facilities throughout the state.

This has benefited and continues to benefit South Carolina's COVID 19 vaccination effort due to our ease of access to the public, by taking walk ins, advertising extensively to underserved populations, and providing access to key rural areas surrounding the mid-lands. We provide a high quality and very efficient process for patients to be vaccinated with convenient early morning and late evening hours.

The below submitted costs are not being covered by any other funding source and have been fully paid for by our business. All other avenues were exhausted before using this fund.

The following are off-site/Long term Care facilities that were vaccinated in December:

1. Retreat at Lady's Island
2. Brookstone Terrace of Woodruff
3. Oaks @ Beaufort
4. Wildewood Downs
5. SpringPark Travelers Rest
6. Woodland Place
7. Woodbridge of Spartanburg
8. Woodbridge of Monroe, NC
9. Summit Place, NC
10. Mill Creek Manor
11. Longs Residential Care
12. Westminster Memory Care
13. Retreat @ Summerville
14. Apex Tool Event
15. Sandpiper Rehab and Nursing
16. Myrtle Beach Grove
17. Fairview Park
18. Oakview Park
19. Phoenix Senior Living
20. Sun City
21. Summerton Town Hall
22. Southwinds Assisted Living

23. Life Care Center of Charleston
24. Ridgeway Manor
25. DJ care facility
26. Phoenix Senior Center

Summary of Expenses:

1. Tent Rental:

To accommodate the amount of vaccines and traffic flow we had to create a two lane drive thru process for vaccinating patients. It allowed us to quickly and effectively vaccinate patients and maximize appointment slots. Also, patients really like the convenience this provides and it serves as a massive advertisement to customers driving by.

2. Mckesson expenses:

a. PPE, needles, Sharps Containers, syringes, emergency kit supplies, etc.

We had to purchase gloves, needles, and multiple sharps containers to process all the biohazards. Also, we had to purchase additional needles for smaller patients and sensitive patients as we were not provided enough or the proper kind from DHEC.

3. Printer/Copier:

- a. Copier fees associated with forms and scanning documents required during intake process for all drive thru sites.

4. VOW-Phone Charges:

- a. We have 4 lines dedicated to COVID-19 that serve specifically to book appts, answer questions, etc. This is an on-going expense each month.

5. Amazon/MISC charges:

- a. Due to the increase in vaccines and boosters we had to purchase additional supplies that allowed us to run the clinic with additional volume. This includes supplies needed for our mobile unit and off-site events as well as the drive thru location at our Lexington store.

6. Hotel expenses:

- a. These were due to Long Term Care Facilities that were located in Sun City and we had back to back events to conduct. This was required due to timing and size of the facilities.

7. Mileage:

- a. This is the amount that was paid to employees for their travel mileage for off site clinics performed in the month of December.

Please let me know if additional information is needed on above.

Thank you.

Hamp Manning, PharmD/Owner

Brent Munnerlyn, PharmD/Owner



1/6/2021

To whom it may concern:

As part of the COVID-19 response, DHEC has many partners and vendors who are assisting with testing, contact tracing, and other critical response activities. In order to maintain good working relationships with all our partners and vendors, as well as avoid interruption in services provided, we are requesting the ability process all invoices related to COVID-19 as a Zspecial to expedite payments.

If you need additional detail or have any questions or concerns regarding these invoices, please do not hesitate to reach out to ACC-FinAdmin@dhec.sc.gov.

Sincerely,

Darbi C MacPhail, MHA
Chief Finance and Operations Officer
SC Department of Health and Environmental Control

From: [Jessica Felder](#)
To: brent@mypharmacyandoptical.com; [Hamp Manning](#)
Subject: Receipt for Hampton Inn December 10th for Sun City, Bluffton clinic
Date: Saturday, December 11, 2021 8:34:52 AM

Sent from my iPhone

Begin forwarded message:

From: "Expedia.com" <Expedia@expediamail.com>
Date: December 9, 2021 at 4:27:08 PM EST
To: jdsanderson@yahoo.com
Subject: Expedia travel confirmation - Fri, Dec 10. - (Itinerary # 72211911955252)
Reply-To: r-364126281000010015302-c21343-01d40fec8ca9429d87cfd6d64102fdfa@mg.expediamail.com



Thank you, Jessica! Your booking is confirmed.

Itinerary # [72211911955252](#)

[View full itinerary](#)

[Download to your phone](#)



Travel update

Check COVID-19 restrictions.

[Find out more](#)



Traveler details

Adults, 3



Hampton Inn & Suites Bluffton-Sun City

<https://www.expedia.com/itin.h892592.Hotel-Information?langid=1033>



29 William Pope Dr, Bluffton, SC, 29909-7501 United States of America

Check-in

Fri, Dec 10

Check-in time starts at 4 PM

Check-out

Sat, Dec 11

11 AM

Free cancellation until December 9 at 11:59 PM (Eastern Standard Time (US & Canada))

Learn about this property's [cleaning and safety practices](#) before your trip begins.

Accommodation details

You booked **3 rooms**.

One king studio suite non smoking

[View special requests in your itinerary](#)

All special requests (such as in-room amenities, bed type, and smoking preference) are shared with the hotel, but requests are not guaranteed and may incur additional charges. We recommend you confirm them directly with the hotel before travel.

[Manage Booking](#)

Change, cancel, support.



Travel confidently with the Expedia app

Manage your plans and make trip updates on the fly - wherever the journey takes you. [Explore the app](#)

Price Summary

Accommodation 1	\$198.69
1 night	\$179.00
Taxes	\$19.69
Accommodation 2	\$198.69
1 night	\$179.00
Taxes	\$19.69
Accommodation 3	\$198.69
1 night	\$179.00
Taxes	\$19.69

Total	\$596.07
--------------	-----------------

Collected by Expedia

Unless specified otherwise, rates are quoted in US dollars.

[View Receipt](#)

Important Information

Additional property fees

These fees and deposits only apply if they are not included in your selected room rate.

The price DOES NOT include any applicable hotel service fees, charges for optional incidentals (such as minibar snacks or telephone calls), or regulatory surcharges. The hotel will assess these fees, charges, and surcharges upon check-out.

Rules and restrictions

For rules and restrictions please view your [full itinerary](#).

Cancellations and changes

Cancellations or changes made after 11:59pm (Eastern Standard Time (US & Canada)) on Dec 9, 2021 or no-shows are subject to a property fee equal to 100% of the total amount paid for the reservation.

In the case of multiple rooms/units booked together, fees charged by the property apply to each room/unit that is canceled or changed.

We understand that sometimes plans fall through. We do not charge a cancel or change fee. When the property charges such fees in accordance with its own policies, the cost will be passed on to you. Hampton Inn & Suites Bluffton-Sun City charges the following cancellation and change fees.

Guest charges and accommodation capacity

Base rate is for 1 guest.

Total maximum number of guests per room/unit is 4.

Maximum number of adults per room/unit is 4.

Maximum number of children per room/unit is 3.

Maximum number of infants per room/unit is 3.

This property considers guests aged 17 and under, at time of travel, to be children.

Availability of accommodation in the same property for extra guests is not guaranteed.

Check-in policies

Check-in time starts at 4 PM

Check-in time ends at 2 AM

Special Instructions

Front desk staff will greet guests on arrival.

Due to COVID-19, this property's food and beverage options may be limited pursuant to local regulations.

Late arrival instructions

If a late check-in is planned, contact this property directly for their late check-in policy.

Get protection in case of last-minute cancellations or missed hotel nights.

Protect my hotel

Expires 24 hours after confirmation of hotel booking.

We're here to help

For special requests and questions about your reserved room or the property, contact Hampton Inn & Suites Bluffton-Sun City.

Tel: 1 (843) 705-9000, Fax: 1 (843) 705-9008

[Message property](#)

Itinerary [#72211911955252](#)

[Expedia customer support](#)

Get support anytime on the [Expedia app](#) with 24/7 access to virtual agents.

[Manage your itinerary](#)



Looking for something else?

- Free Cancellation on most rooms
- Flexibility for your next trip with the option to pay now or later

[SEE DEALS](#)

Download our FREE mobile app

[Expedia App](#)



[Expedia App](#)



[My Account](#) | [Privacy Statement](#) | [Customer Service](#)

You are receiving this transactional email based on a recent booking or account-related update on [Expedia.com](#).

Contact information: Expedia, Attn: EMC Team 1111 Expedia Group Way W., Seattle WA 98119. Expedia cannot receive replies to this email.

CST# 2029030-50

© 2021 Expedia, Inc. All rights reserved. Expedia, Expedia Rewards, VIP Access and the Airplane logos are registered trademarks, or trademarks, of Expedia, Inc. in the U.S. and/or other countries. All other products are trademarks of their respective owners.

[View this email in a web browser](#)

EMLCID=US.PT.EVENTTRIGGEREDMAILING.ENSURCHASECONFIRMATION.HOTEL&EMLDTL=DATE20211209-4ISSUX.SIDX.KEY9527
6053083.PAIDX.LANGEN_US.MCIDX.TEST20.VERSX.MIDS1-56517_2-121521_3-113775_4-134782_5-124276_6-138317_7-121763_8-1082
90

MCKESSON

Invoice

COVID IMZ

MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

Billing No.:	7313813109
Billing Date:	12/22/2021
PO#:	COVID122121 00
McK Connect UserID:	n8ukd0k8

909811	M54	080	1 of 2
Customer	Route	Stop	Page

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor.

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR RETAIL	R X	UNIT PRICE	I D	EXTENDED AMOUNT	H M
<p>***Sandoz-Enoxaparin Consumer/Patient Level Recall*** ENOXAP SOD INJ 40MG/.4ML SAN 10; NDC#00781324664; Econo#2349470; Consumers:Consumers should stop taking the recalled product, immediately consult with their physician to attain another prescription, and return the product to where originally purchased. Consumers should contact their physician or healthcare provider if they have experienced any problems that may be related to taking or using this drug product. Additional information available on McKesson Connect.***P&G-Old Spice & Secret Consumer/Patient Level Recall*** OLD SPC A/P I/S PURE SPRT 3.8Z; UPC#3700072974; Econo#3904000; OLD SPC A/P I/S SWAGGR 3.8Z; UPC#3700073034; Econo#3903994; OLD SPC H/E A/P AERO SPORT 6OZ; UPC#1204400191; Econo#2461473; SECRET A/P AERO PWD/FRSH 4OZ; UPC#3700071109; Econo#1980416; SECRET A/P AERO PWD/FRSH 6OZ; UPC#3700071108; Econo#1980150; SECRET A/P I/S CL WTR 3.8Z; UPC#3700072991; Econo#3903978; SECRET A/P I/S LUXE 3.8Z; UPC#3700072986; Econo#3903960; SECRET A/P I/S SPR BOHO 3.8Z; UPC#3700072992; Econo#3903952; Consumers: Consumers should stop using these specific aerosol products and appropriately discard them. Please follow your local disposal procedure for aerosol products. Information can be found through your local waste management services. For further questions regarding the recall, call P& G Consumer Care Team at 888-339-7689 between 9am-6pm EST Monday through Friday. Additional information on McKesson Connect. ***Teligent-Lidocaine TS Consumer/Patient Recall*** LIDOCAINE HCLTOP SOL 4% SKY50ML; NDC#63739099764; Econo#1518976; Consumers:Consumers and patients should call 856-697-1441 and press * to reach the medical information call center Monday through Friday, 8am-5pm or send an email to Medical@teligent.com for any product questions and to receive reimbursement and return shipping info for these product lots. Consumers and patients should contact their physician or pharmacy for further medical advice. Additional information on McKesson Connect.</p>											
715912-10613	226-4307	660053751			CONTAINER 2476165						
			9	BX	GLOVE NITR EX PF LGE CAREM 100	29.59		20.50		184.50	
715912-10613	226-4307	660053751			CONTAINER 2476168						
			13	BX	GLOVE NITR EX PF LGE CAREM 100	29.59		20.50		266.50	
715912-10613	226-4307	660053751			CONTAINER 2476169						
			13	BX	GLOVE NITR EX PF LGE CAREM 100	29.59		20.50		266.50	
715912-10613	226-4307	660053751			CONTAINER 2476170						
			13	BX	GLOVE NITR EX PF LGE CAREM 100	29.59		20.50		266.50	
715912-10613	226-4307	660053751			CONTAINER 2476171						
			13	BX	GLOVE NITR EX PF LGE CAREM 100	29.59		20.50		266.50	
715912-10613	226-4307	660053751			CONTAINER 2476172						
			13	BX	GLOVE NITR EX PF LGE CAREM 100	29.59		20.50		266.50	
715912-10613	226-4307	660053751			CONTAINER 2476173						
			13	BX	GLOVE NITR EX PF LGE CAREM 100	29.59		20.50		266.50	

MCKESSON

Invoice

DC:
MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

Billing No.:	7313813109
Billing Date:	12/22/2021
PO#:	COVID122121 00
McK Connect UserID:	n8ukd0k8

909811	M54	080	2 of 2
Customer	Route	Stop	Page

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR R RETAIL X	UNIT PRICE	I D	EXTENDED AMOUNT	H M
715912-10613	226-4307	660053751	13	BX	CONTAINER 2476174 GLOVE NITR EX PF LGE CAREM 100	29.59	20.50		266.50	

SUMMARY

TOTAL RX PURCHASES:	\$0.00	TOTAL CONTRACT PURCHASES:	\$0.00
TOTAL OTC PURCHASES:	\$2,050.00	TOTAL NON CONTRACT PURCHASES:	\$2,050.00

NET PAYABLE BY STATEMENT DATE 01/07/2022: **\$2,050.00**
GROSS PAYABLE AFTER STATEMENT DATE 01/07/2022: ~~\$2,091.84~~

AWP is a benchmark published by MediSpan or supplied by manufacturers when it is unavailable through MediSpan. It is not an average, and does not reflect actual prices in sales transactions between wholesalers and their customers. AWP can change at any time and the AWP provided herein may not be current.

*COVID IMZ
Supplies*

MCKESSON

Invoice

COVID IMZ
Supplies

MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

Billing No.:	7310385823		
Billing Date:	12/06/2021		
PO#:	COVID1252021	00	
McK Connect UserID:	n8ukd0k8		
909811	M54	080	1 of 2
Customer	Route	Stop	Page

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor.

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR RETAIL	R X	UNIT PRICE	I D	EXTENDED AMOUNT	H M
<p>***Sagent-Levetiracetam Consumer/Patient Level Recall*** LEVETIRAC SDV 500MG/5ML SAG 10; NDC#25021078005; Econo#2046852; Consumers: Consumers should contact their physician or pharmacy for further medical advice. If you have any questions, contact Sagent Customer Service at 1-866-625-1618, M-F 8am-7pm CST. Additional information available on McKesson Connect. ***Sandoz-Enoxaparin Consumer/Patient Level Recall*** ENOXAP SOD INJ 40MG/.4ML SAN 10; NDC#00781324664; Econo#2349470; Consumers: Consumers should stop taking the recalled product, immediately consult with their physician to attain another prescription, and return the product to where originally purchased. Consumers should contact their physician or healthcare provider if they have experienced any problems that may be related to taking or using this drug product. Additional information available on McKesson Connect.</p>											
715912-10612	226-4224	656756061			CONTAINER 2228688						
			5	BX	GLOVE NITR PF EX MED CAREM 100	29.59		20.50		102.50	
612479-12739	379-8238	656756061			CONTAINER 2228690						
			16	BX	MK ADH STRIP 1X3 REC 164811	3.99		1.64		26.24	
715912-10613	226-4307	656756061			CASE ITEMS						
			10	BX	GLOVE NITR EX PF LGE CAREM 100	29.59		20.50		205.00	
612479-12739	379-8238	656756061									
			4	BX	MK ADH STRIP 1X3 REC 164811	3.99		1.64		6.56	

SUMMARY

TOTAL RX PURCHASES:	\$0.00	TOTAL CONTRACT PURCHASES:	\$0.00
TOTAL OTC PURCHASES:	\$340.30	TOTAL NON CONTRACT PURCHASES:	\$340.30

NET PAYABLE BY STATEMENT DATE 12/24/2021: \$340.30
GROSS PAYABLE AFTER STATEMENT DATE 12/24/2021: \$347.24

(Handwritten circle around the net payable amount)

MCKESSON

Invoice

*COVID
IMZ
Supplies*

Billing No.:	7313813110
Billing Date:	12/22/2021
PO#:	COVID122121 00
McK Connect UserID:	n8ukd0k8

MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

909811	M54	080	1 of 3
Customer	Route	Stop	Page

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7(b) and the discount safe harbor.

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR RETAIL	R X	UNIT PRICE	I D	EXTENDED AMOUNT	H M
<p>***Sandoz-Enoxaparin Consumer/Patient Level Recall*** ENOXAP SOD INJ 40MG/.4ML SAN 10; NDC#00781324664; Econo#2349470; Consumers:Consumers should stop taking the recalled product, immediately consult with their physician to attain another prescription, and return the product to where originally purchased. Consumers should contact their physician or healthcare provider if they have experienced any problems that may be related to taking or using this drug product. Additional information available on McKesson Connect.***P&G-Old Spice & Secret Consumer/Patient Level Recall*** OLD SPC A/P I/S PURE SPRT 3.8Z; UPC#3700072974; Econo#3904000; OLD SPC A/P I/S SWAGGR 3.8Z; UPC#3700073034; Econo#3903994; OLD SPC H/E A/P AERO SPORT 6OZ; UPC#1204400191; Econo#2461473; SECRET A/P AERO PWD/FRSH 4OZ; UPC#3700071109; Econo#1980416; SECRET A/P AERO PWD/FRSH 6OZ; UPC#3700071108; Econo#1980150; SECRET A/P I/S CL WTR 3.8Z; UPC#3700072991; Econo#3903978; SECRET A/P I/S LUXE 3.8Z; UPC#3700072986; Econo#3903960; SECRET A/P I/S SPR BOHO 3.8Z; UPC#3700072992; Econo#3903952; Consumers: Consumers should stop using these specific aerosol products and appropriately discard them. Please follow your local disposal procedure for aerosol products. Information can be found through your local waste management services. For further questions regarding the recall, call P & G Consumer Care Team at 888-339-7689 between 9am-6pm EST Monday through Friday. Additional information on McKesson Connect. ***Teligent-Lidocaine TS Consumer/Patient Recall*** LIDOCAINE HCLTOP SOL 4% SKY50ML; NDC#63739099764; Econo#1518976; Consumers:Consumers and patients should call 856-697-1441 and press * to reach the medical information call center Monday through Friday, 8am-5pm or send an email to Medical@teligent.com for any product questions and to receive instructions on reimbursement and return shipping info for these product lots. Consumers and patients should contact their physician or pharmacy for further medical advice. Additional information on McKesson Connect.</p>											
08496-0164-01	232-2709	660053752 Above Item			CONTAINER 2476167 1 * EA EASY-TCH LUER-L 1ML-INS 100 11 EA Manufacturer limiting supply - allocated quantity DISP SYRIN	8.39	R	6.71		6.71	
08290-3057-61	227-1708	660053752 Above Item			CASE ITEMS 24 * BX NEEDL SAF BD 25GX1IN BX100 6 BX Manufacturer limiting supply - allocated quantity DIS NEEDLE	23.08	R	15.60		374.40	

SUMMARY

MCKESSON

Invoice

DC:
MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

Billing No.:	7313813110
Billing Date:	12/22/2021
PO#:	COVID122121 00
McK Connect UserID:	n8ukd0k8

909811	M54	080	2 of 3
Customer	Route	Stop	Page

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR RETAIL	R X	UNIT PRICE	I D	EXTENDED AMOUNT	H M
----------	-------	----------	-----	----	------------------	------------------	--------	---------------	--------	--------------------	--------

TOTAL RX PURCHASES: \$381.11
TOTAL OTC PURCHASES: \$0.00

TOTAL CONTRACT PURCHASES: \$0.00
TOTAL NON CONTRACT PURCHASES: \$381.11

NET PAYABLE BY STATEMENT DATE 01/07/2022:

\$381.11

GROSS PAYABLE AFTER STATEMENT DATE 01/07/2022:

\$388.89

AWP is a benchmark published by MediSpan or supplied by manufacturers when it is unavailable through MediSpan. It is not an average, and does not reflect actual prices in sales transactions between wholesalers and their customers. AWP can change at any time and the AWP provided herein may not be current.

*COVID
IMZ
Supplies*

Lines	Cases	Pieces
2	2	25

This invoice is payable to **CARR: MCK INITIATED ACH DEBIT AMT DUE REMITTED VIA ACH DEBIT**
Statement for information only
Claims must be made within 5 days and show date of invoice.

Vow Corp
 Vow Corp
 109 Builders Ct
 Boiling Springs, SC 29316
 8645410650

INVOICE: THIS
 IS NOT A BILL



Invoice #:	134900
Invoice Date:	12/15/21
Amount Due: AutoPay	\$250.00
Auto Paid On:	12/15/21

Bill To:

My Pharmacy & Optical- Lexington
 808 Hwy 378, Suite A
 Lexington, SC 29072

*december - lex.
 \$1120.00 / cases dedicated
 lines*

Due Date	Terms - Auto Pay
12/15/21	Rec Bill

Item	Description	Quantity	Price	Amount
SKY IVR Unit	TalkRx Sky IVR Unit - My Optical	1	\$0.00	\$0.00
SKY Device +10	TalkRx Extension/device - Includes local/long distance service* >10 devices price break	4	\$30.00	\$120.00
SKY Fax Line	TalkRx Fax Line	1	\$45.00	\$45.00
SKY Server Hosting	TalkRx Sky Server Hosting Split with My Pharmacy	1	\$25.00	\$25.00
SKY Software	Software Maintenance: Support for and Access to upgrades of TalkRx phone system and RapidRefill IVR software Split with My Pharmacy	1	\$50.00	\$50.00
SKY Advanced Firewall Support	Firewall Support: Advanced Tier Firewall Support with SKY Service Split with My Pharmacy	1	\$10.00	\$10.00
SKY Call Record Storage - 7 Day	TalkRx SKY Call Recordings Storage - 7 Days	1	\$0.00	\$0.00

Subtotal:	\$250.00
Sales Tax (0%):	\$0.00
Total:	\$250.00
Payments:	\$0.00
Amount Due: AutoPay	\$250.00
Auto Paid On:	12/15/21

This invoice will be automatically be paid with the payment method we have on file. This invoice is for your records only. Please do not submit payment.

To pay online, go to <https://app01.us.bill.com/p/vowcorporation>



Order Number 6008680
Date 2021-12-13 16:39:09 -0500
PO Number
Customer Code MYPH001 / Jessica Sheldon
Member Code 818
Shipping Method Free Ground

Payment Method Credit Card
Card Type Visa
Name On Card CHRISTOPHER MUNNERLYN
Card Number xxxxxxxx4196
Security Code (Vcode) xxxx
Expiration Date 1/2024
Reference Number 1Z767A2X0345337253"

Quant	Brand	Part #	MinBuy	Description	Units	Price
1	Hewlett Packard	F6T84AN	1	HP 972X (F6T84AN) High Yield Black Original PageWide Cartridge (10,000 Yield)	EA	\$134.00
Total						\$134.00

Shipping Address

Company Name: My Pharmacy and Optical
 Attention: Emily
 Address 1: 808 HIGHWAY 378 STE A, BOX 1
 LEXINGTON, SC 29072
 Country: United States
 Email: emily@mypharmacyandoptical.com
 Phone: (803) 756-3460
 Fax:

Billing Address

Company Name: My Pharmacy and Optical
 Attention:
 Address 1: 808 HIGHWAY 378 STE A, BOX 1
 Address 2: LEXINGTON
 LEXINGTON, SC 29072
 Country: United States
 Email: emily@mypharmacyandoptical.com
 Phone: 8037563460
 Fax:
 Cost Center:

*ink cartridges
 printers
 mobile cov-19
 VAN
 exp. december*

Payment summary

Thank you for your request. Please find your order details below.

Transaction ID: 1690132301

Transaction date: 12/29/2021

Payment details

Billing account

(bills paid : 1 account)

Total payment**\$69.94**

Billing account	Payment date	Payment method	Payment amount
942435331-00001	Dec 29, 2021	MHoldings CC	\$69.94

cradle point / Hot-spot
cov-19 mobile
VAN.



PO BOX 489
NEWARK, NJ 07101-0489

Manage Your Account b2b.verizonwireless.com	Account Number 942435331-00001	Date Due 01/10/22
Change your address at http://sso.verizonenterprise.com	Invoice Number 9895392100	

KEYLINE



M HOLDINGS LLC DBA MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON, SC 29072

Quick Bill Summary

Nov 19 – Dec 18

Previous Balance (see back for details)	\$196.04
Payments – Thank You	-\$196.04
Balance Forward	\$0.00
Monthly Charges	\$69.00
Usage and Purchase Charges	
Messaging	\$0.80
Data	\$0.00
Surcharges and Other Charges & Credits	\$0.08
Taxes, Governmental Surcharges & Fees	\$0.06
Total Current Charges	\$69.94

Total Charges Due by January 10, 2022

\$69.94

*cradle point
Hotspot
Mobile VAR
COV-IMZ*

Pay from phone #PMT (#768)	Pay on the Web At b2b.verizonwireless.com	Questions: 1.800.922.0204 or *611 from your phone
-------------------------------	----------------------------------------------	------------------------------------------------------



M HOLDINGS LLC DBA MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON, SC 29072

Bill Date December 18, 2021
Account Number 942435331-00001
Invoice Number 9895392100

Total Amount Due by January 10, 2022

Make check payable to Verizon Wireless.
Please return this remit slip with payment.

\$69.94

\$.

PO BOX 660108
DALLAS, TX 75266-0108



98953921000109424353310000100000006994000000069946

Customer Receipt No. 783071-106802-150376
JAMES MANNING
1215 AUGUSTA ROAD
WEST COLUMBIA, SC 29169
(843) 845-7905

Thursday - 12/30/2021 - 1:31:33 AM
U-HAUL MOVING & STORAGE OF W COLUMBIA,
783071
400 ORCHARD DR
WEST COLUMBIA, SC 29170
(803) 796-3724

Manage Your Account Online Sign-in or create an account at: uhaul.com/signin/

ROOM	DESCRIPTION	THRU	PAID	AMOUNT
AA2882H	(1) - 5X8X7.5 UBOX 1ST FLOOR NO CLIMATE	1/29/2022	[X]	\$49.95

Sub Total: \$49.95

Tax: \$3.50

Charge Total: \$53.45

*****2985 Auto Payment \$53.45
030933

Payment Total: \$53.45

Change Due: \$0.00

Account Balance: \$0.00

X

Customer's Signature

X

Employee's Signature (AutoPayments User)

*MA 2022
December 2021*

*COVID IMZ
Supply
Storage*

*Lexington
Drive-thru.*

Propane Refills

Thank You For Shopping At
LEXINGTON TRUE VALUE HARDWARE
Phone: (803) 808-0207

*Lex
CARD IMZ
Princ-Thru*

Transaction#: A115414
Cashier: KIM
Salesperson: KIM
Date: 12/09/2021 Time: 11:15:02 AM

*** SALE ***

Bill To:
Our Valued Customer

Torch Util Lighter - 330318		
1.00 EACH @	\$5.99 T	\$5.99
Propane/Gallon - 38		
5.70 EACH @	\$3.99 N	\$22.74
Propane 30# - 35		
1.00 EACH @	\$24.49 N	\$24.49

Subtotal: \$53.22
7% - State Tax: \$0.42
0% - Non Taxable: \$0.00
TOTAL: \$53.64

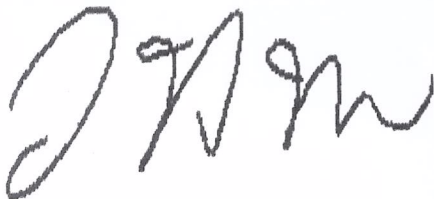
VISA: \$53.64
CHANGE: \$0.00

*Total eligible
\$47.23*

BUYER AGREES TO PAY TOTAL AMOUNT ABOVE
ACCORDING TO CARDHOLDER'S AGREEMENT
WITH ISSUER

VISA CREDIT *****2985 2
APPROVAL:009354
EXP: **/**
AID: A0000000031010
TC 476BF51B79E28AE3 40
TERMINAL: 89274391 8000008000
VALIDATION: signature
PAYMENT SERVICE: 05

NAME: MANNING/J H
AMT: \$53.64



(X) _____
Authorized Signature

---NO RETURNS AFTER 30 DAYS---
---NO RETURNS ON SPECIAL ORDERS---
---NO RETURNS ON GENERATORS---



PHARMACY & OPTICAL

Where Hospitality Matters

COVID IMZ
Off site
Clinic

Time Period

12.8.21

12.11.21

Associate Name

Jeanet Rice

Date	Event Name	Start Location	Starting Mileage	Ending Location	Ending Mileage	Total Mileage
12.8 & 9	Sandpiper	808 HWY 378, Lexington SC		1049 Anna Kappa Blvd, Mt Pleasant SC 29464		412
12.10.21 & 12.11.21	Suncity	808 HWY 378, Lexington SC		1251 Sgt William Jasper Blvd		296

Check Amount

396.48

TOTAL Mileage

708

Check #

1185

Total Amount

396.48

PAID
12/4/21



PHARMACY & OPTICAL

Where Hospitality Matters

COVID IMZ
Supplies

Time Period

12.1.21

12.31.21

Associate Name

Amanda Giesen

Date	Event Name	Start Location	Starting Mileage	Ending Location	Ending Mileage	Total Mileage
12.1.21	picking up supplies for GF	Garners Ferry		My Pharmacy and Optical		27
12.1.21	returning with supplies for GF	My Pharmacy and Optical		Garners Ferry		27
12.3.21	picking up supplies for GF	Garners Ferry		My Pharmacy and Optical		27
12.3.21	returning with supplies for GF	My Pharmacy and Optical		Garners Ferry		27
12.7.21	picking up supplies for GF	Garners Ferry		My Pharmacy and Optical		27
12.7.21	returning with supplies for GF	My Pharmacy and Optical		Garners Ferry		27
12.10.21	picking up supplies for GF	Garners Ferry		My Pharmacy and Optical		27
12.10.21	returning with supplies for GF	My Pharmacy and Optical		Garners Ferry		27
12.13.21	picking up supplies for GF	Garners Ferry		My Pharmacy and Optical		27
12.13.21	returning with supplies for GF	My Pharmacy and Optical		Garners Ferry		27
12.16.21	picking up supplies for GF	Garners Ferry		My Pharmacy and Optical		27
12.16.21	returning with supplies for GF	My Pharmacy and Optical		Garners Ferry		27
12.17.21	picking up toner for printer	Garners Ferry		S.O.S		24
12.17.21	returning with toner to GF	S.O.S		Garners Ferry		24

Check Amount

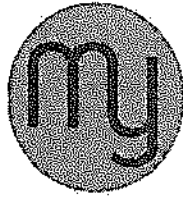
Check #

1259

TOTAL Mileage

Total Amount

360
201.6



PHARMACY & OPTICAL

Where Hospitality Matters

COVID
IME
Travel

Time Period

12/21/21 12/2/21

Associate Name

Bridget Iomoriello

Date	Event Name	Start Location	Starting Mileage	Ending Location	Ending Mileage	Total Mileage
10/26/2021	reek health center at southbay at mount pl	315 hunters blind drive Columbia sc 29212		315 hunters blind drive Columbia sc 29212		208

Check Amount

Empty box for check amount

Check #

TOTAL Mileage:

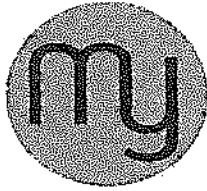
208

Total Amount

116.48

TRAVEL WAS IN OCTOBER,
but was not turned in
until December + paid in
December - m

off-site COV IMZ Clinic.



PHARMACY & OPTICAL

Where Hospitality Matters.

Time Period

12.08.21

12.09.2021

Associate Name

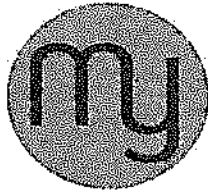
Delyn Kennedy

Date	Event Name	Start Location	Starting Mileage	Ending Location	Ending Mileage	Total Mileage
12/8/2021	Retreat at Summerville	Home to MPO		MPO to Retreat @ S'ville		208
	950 Travelers Blvd, Summerville, SC	17 mi		107 mi		
12.09.21	Myrtle Beach Grove	Home to MPO		MPO to Myrtle Beach Grove		312
	3620 Happy Woods Ct, MB, SC	17 mi		159 mi		

Check Amount
 Check # 1183

TOTAL Mileage 520
 Total Amount 291.2

PRIIP 12/9/21



PHARMACY & OPTICAL

Where Hospitality Matters

*COVID IMP
ON SITE
CLINIC*

Time Period

12.13.21

12.17.2021

Associate Name

Delyn Kennedy

Date	Event Name	Start Location	Starting Mileage	Ending Location	Ending Mileage	Total Mileage
12/15/2021	Southwinds	Home to MPO	17	MPO to Southwinds	50	
	308 Humphries Rd, Ridgeway, SC	cancelled as I pulled in drive				
12/15/2021	Ridgeway Manor	Southwinds to Ridgeway Manor	9.7			
	117 Bellefield Rd, Ridgeway, SC					
12/15/2021	Care Home	Ridgeway Mn to Care Home	49	Care Home to MPO	43	
	1024 Tucker Town Rd, Gadsden, SC					
				Total Driven	185.7	
				Less 40 miles	-40	
				Total miles to reimburse	145.7	
				.056 per mile		

Check Amount

81.60

Check #

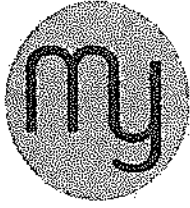
1200

TOTAL Mileage

145.7

Total Amount

81.592



PHARMACY & OPTICAL

Where Hospitality Matters

COVID IMZ
off site
clinic

Time Period

12/9/2021

12/9/2021

Associate Name

Heather Ess

Date	Event Name	Start Location	Starting Mileage	Ending Location	Ending Mileage	Total Mileage
12/9/2021	Sandpiper	808 Hwy 378, Lexington SC		1049 Anna Knapp Blvd, MT Pleasant		212

Check Amount

118.72

Check #

1187

TOTAL Mileage

212

Total Amount

118.72

PAID
12/16/21

MCKESSON

Invoice

COVID
IMZ

MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

Billing No.: 7310385824
Billing Date: 12/06/2021
PO#: COVID1252021 00
McK Connect UserID: n8ukd0k8

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

909811	M54	080	1 of 3
Customer	Route	Stop	Page

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor.

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR RETAIL	R X	UNIT PRICE	EXTENDED AMOUNT	H M
<p>***Sagent-Levetiracetam Consumer/Patient Level Recall*** LEVETIRAC SDV 500MG/5ML SAG 10; NDC#25021078005; Econo#2046852; Consumers: Consumers should contact their physician or pharmacy for further medical advice. If you have any questions, contact Sagent Customer Service at 1-866-625-1618, M-F 8am-7pm CST. Additional information available on McKesson Connect. ***Sandoz-Enoxaparin Consumer/Patient Level Recall*** ENOXAP SOD INJ 40MG/.4ML SAN 10; NDC#00781324664; Econo#2349470; Consumers: Consumers should stop taking the recalled product, immediately consult with their physician to attain another prescription, and return the product to where originally purchased. Consumers should contact their physician or healthcare provider if they have experienced any problems that may be related to taking or using this drug product. Additional information available on McKesson Connect.</p>										
08496-0164-01	232-2709	656756062			CONTAINER 2228689 7 * EA EASY-TCH LUER-L IML-INS 100	8.39	R	6.71	46.97	
		Above Item	3	EA	Manufacturer limiting supply - allocated quantity DISP SYRIN					
08290-3057-61	227-1708	656756062	20	BX	CASE ITEMS NEEDL SAF BD 25GX11N BX100 DIS NEEDLE	23.08	R	15.60	312.00	

SUMMARY

TOTAL RX PURCHASES: \$358.97
TOTAL OTC PURCHASES: \$0.00

TOTAL CONTRACT PURCHASES: \$0.00
TOTAL NON CONTRACT PURCHASES: \$358.97

NET PAYABLE BY STATEMENT DATE 12/24/2021: \$358.97
GROSS PAYABLE AFTER STATEMENT DATE 12/24/2021: \$366.30

MCKESSON

Invoice

COVID
IMZ

MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

Billing No.:	7310385823
Billing Date:	12/06/2021
PO#:	COVID1252021 00
McK Connect UserID:	n8ukd0k8

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

909811	M54	080	1 of 1
Customer	Route	Stop	Page

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor.

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR RETAIL	R X	UNIT PRICE	I D	EXTENDED AMOUNT	H M
<p>***Sagent-Levetiracetam Consumer/Patient Level Recall*** LEVETIRAC SDV 500MG/5ML SAG 10; NDC#25021078005; Econo#2046852; Consumers: Consumers should contact their physician or pharmacy for further medical advice. If you have any questions, contact Sagent Customer Service at 1-866-625-1618, M-F 8am-7pm CST. Additional information available on McKesson Connect. ***Sandoz-Enoxaparin Consumer/Patient Level Recall*** ENOXAP SOD INJ 40MG/.4ML SAN 10; NDC#00781324664; Econo#2349470; Consumers: Consumers should stop taking the recalled product, immediately consult with their physician to attain another prescription, and return the product to where originally purchased. Consumers should contact their physician or healthcare provider if they have experienced any problems that may be related to taking or using this drug product. Additional information available on McKesson Connect.</p>											
715912-10612	226-4224	656756061	5	BX	CONTAINER 2228688 GLOVE NITR PF EX MED CAREM 100	29.59		20.50		102.50	
612479-12739	379-8238	656756061	16	BX	CONTAINER 2228690 MK ADH STRIP 1X3 REC 164811	3.99		1.64		26.24	
715912-10613	226-4307	656756061	10	BX	CASE ITEMS GLOVE NITR EX PF LGE CAREM 100	29.59		20.50		205.00	
612479-12739	379-8238	656756061	4	BX	MK ADH STRIP 1X3 REC 164811	3.99		1.64		6.56	

SUMMARY

TOTAL RX PURCHASES: \$0.00
TOTAL C TC PURCHASES: \$340.30

TOTAL CONTRACT PURCHASES: \$0.00
TOTAL NON CONTRACT PURCHASES: \$340.30

NET PAYABLE BY STATEMENT DATE 12/24/2021: \$340.30
GROSS PAYABLE AFTER STATEMENT DATE 12/24/2021: \$347.24

AWP is a benchmark published by MediSpan or supplied by manufacturers when it is unavailable through MediSpan. It is not an average, and does not reflect actual prices in sales transactions between wholesalers or their customers. AWP can change at any time and the AWP provided herein may not be current.

Lines	Cases	Pieces	This invoice is payable to information only	CARR: MCK INITIATED ACH DEBIT AMT DUE REMITTED VIA ACH DEBIT Statement for
3	1	35	Claims must be made within 5 days and show date of invoice.	

MCKESSON

Invoice

COVID
IMZ

MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

Billing No.: 7310381598
Billing Date: 12/06/2021
PO#: COVID120421 00
McK Connect UserID: n8ukd0k8

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

909811	M54	080	1 of 2
Customer	Route	Stop	Page

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor.

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR RETAIL X	R	UNIT PRICE	I D	EXTENDED AMOUNT M
Sagent-Levetiracetam Consumer/Patient Level Recall LEVETIRAC SDV 500MG/5ML SAG 10; NDC#25021078005; Econo#2046852; Consumers: Consumers should contact their physician or pharmacy for further medical advice. If you have any questions, contact Sagent Customer Service at 1-866-625-1618, M-F 8am-7pm CST. Additional information available on McKesson Connect. ***Sandoz-Enoxaparin Consumer/Patient Level Recall*** ENOXAP SOD INJ 40MG/4ML SAN 10; NDC#00781324664; Econo#2349470; Consumers: Consumers should stop taking the recalled product, immediately consult with their physician to attain another prescription, and return the product to where originally purchased. Consumers should contact their physician or healthcare provider if they have experienced any problems that may be related to taking or using this drug product. Additional information available on McKesson Connect.										
715912-10613	226-4307	656709487	4	BX	CONTAINER 2228685 GLOVE NITR EX PF LGE CAREM 100	29.59		20.50		82.00
715912-10611	226-4042	656709487	4	BX	GLOVE NITR PF EX SM SHEP BX100	29.59		20.50		82.00
715912-10612	226-4224	656709487	4	BX	CONTAINER 2228688 GLOVE NITR PF EX MED CAREM 100	29.59		20.50		82.00
612479-12739	379-8238	656709487	20	BX	CASE ITEMS MK ADH STRIP 1X3 REC 164811	3.99		1.64		32.80
715912-10614	226-4406	656709487	0	*	BX GLOVE NITR PF EX XL SHEP BX100			20.50		
		Above Item	4	BX	Manufacturer limiting supply - full omit					

SUMMARY

TOTAL FIX PURCHASES: \$0.00
TOTAL OTC PURCHASES: \$278.80

TOTAL CONTRACT PURCHASES:
TOTAL NON CONTRACT PURCHASES:

~~\$0.00~~
\$278.80

NET PAYABLE BY STATEMENT DATE 12/24/2021: \$278.80
GROSS PAYABLE AFTER STATEMENT DATE 12/24/2021: \$284.49

AWP is a benchmark published by MediSpan or supplied by manufacturers when it is unavailable through MediSpan. It is not an average, and does not reflect actual prices in sales transactions between wholesalers and their customers. AWP can change at any time and the AWP provided herein may not be current.

Lines 4 Cases 1 Pieces 32
This invoice is payable to **CARR: MCK INITIATED ACH DEBIT AMT DUE REMITTED VIA ACH DEBIT Statement for**
information only
Claims must be made within 5 days and show date of invoice.

MCKESSON

Invoice

*COVID
IMP*

MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

Billing No.:	7310381597
Billing Date:	12/06/2021
PO#:	QO12032021 00
McK Connect UserID:	n8ukd0k8

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

909811	M54	080	1 of 1
Customer	Route	Stop	Page

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor.

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR RETAIL	R X	UNIT PRICE	I D	EXTENDED AMOUNT	H M
----------	-------	----------	-----	----	------------------	------------------	--------	---------------	--------	--------------------	--------

Sagent-Levetiracetam Consumer/Patient Level Recall LEVETIRAC SDV 500MG/5ML SAG 10; NDC#25021078005; Econo#2046852; Consumers: Consumers should contact their physician or pharmacy for further medical advice. If you have any questions, contact Sagent Customer Service at 1-866-625-1618, M-F 8am-7pm CST. Additional information available on McKesson Connect. ***Sandoz-Enoxaparin Consumer/Patient Level Recall*** ENOXAP SOD INJ 40MG/4ML SAN 10; NDC#00781324664; Econo#2349470; Consumers: Consumers should stop taking the recalled product, immediately consult with their physician to attain another prescription, and return the product to where originally purchased. Consumers should contact their physician or healthcare provider if they have experienced any problems that may be related to taking or using this drug product. Additional information available on McKesson Connect.

612479-12739	.379-8238	656583269	24	BX	MK ADH STRIP 1X3 REC 16481)	3.99		1.64		39.36	
--------------	-----------	-----------	----	----	-----------------------------	------	--	------	--	-------	--

SUMMARY

TOTAL RX PURCHASES:	\$0.00	TOTAL CONTRACT PURCHASES:	\$0.00
TOTAL OTC PURCHASES:	\$39.36	TOTAL NON CONTRACT PURCHASES:	\$39.33

NET PAYABLE BY STATEMENT DATE 12/24/2021: \$39.36
GROSS PAYABLE AFTER STATEMENT DATE 12/24/2021: \$40.16

AWP is a benchmark published by MediSpan or supplied by manufacturers when it is unavailable through MediSpan. It is not an average, and does not reflect actual prices in sales transactions between wholesalers and their customers. AWP can change at any time and the AWP provided herein may not be current.

Lines	Cases	Pieces	This invoice is payable to CARR: MCK INITIATED ACH DEBIT AMT DUE REMITTED VIA ACH DEBIT Statement for information only
1	1	24	Claims must be made within 5 days and show date of invoice.

MCKESSON

Invoice

COVID
147

MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC. 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

Billing No.: 7310381596
Billing Date: 12/06/2021
PO#: QO12032021 00
McK Connect UserID: n8ukd0k8

909811	M54	080	1 of 2
Customer	Route	Stop	Page

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor.

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR RETAIL	R X	UNIT PRICE	I D	EXTENDED AMOUNT	H M
----------	-------	----------	-----	----	------------------	------------------	--------	---------------	--------	--------------------	--------

Sagent-Levetiracetam Consumer/Patient Level Recall LEVETIRAC SDV 500MG/5ML SAG 10; NDC#25021078005; Econo#2046852; Consumers: Consumers should contact their physician or pharmacy for further medical advice. If you have any questions, contact Sagent Customer Service at 1-866-625-1618, M-F 8am-7pm CST. Additional information available on McKesson Connect. ***Sandoz-Enoxaparin Consumer/Patient Level Recall*** ENOXAP SOD INJ 40MG/4ML SAN 10; NDC#00781324664; Econo#2349470; Consumers: Consumers should stop taking the recalled product, immediately consult with their physician to attain another prescription, and return the product to where originally purchased. Consumers should contact their physician or healthcare provider if they have experienced any problems that may be related to taking or using this drug product. Additional information available on McKesson Connect.

00487-9302-01	130-1092	656584711	2	CT	CONTAINER 2228687 SOD CHL SOL 0.9% 5ML NEPH.25@ VIAL-NEB	6.00	R	5.00	K	10.00	
08290-3057-61	227-1708	656580854	10	BX	CASE ITEMS NEEDL. SAF BD 25GX1IN BX100 DIS NEEDLE	23.08	R	15.60		156.00	

SUMMARY

TOTAL RX PURCHASES: \$166.00
TOTAL OTC PURCHASES: \$0.00

TOTAL CONTRACT PURCHASES: \$10.00
TOTAL NON CONTRACT PURCHASES: \$156.00

NET PAYABLE BY STATEMENT DATE 12/24/2021: \$166.00
GROSS PAYABLE AFTER STATEMENT DATE 12/24/2021: \$169.39

McKESSON

Drop Ship Invoice

*COVID
IME*

McKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON, SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON, SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

Billing No.: 7310496473
Billing Date: 12/06/2021
PO#: QO10262021 00
McK Connect UserID: n8ukd0k8

909811	M54	080	1 of 1
Customer	Route	Stop	Page

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor.

NDC/UPC#	ITEM#	QTY	UM	ITEM DESCRIPTION	AWP OR RETAIL	R X	UNIT PRICE	I D	EXTENDED AMOUNT	H M
----------	-------	-----	----	------------------	------------------	--------	---------------	--------	--------------------	--------

Sagent-Levetiracetam Consumer/Patient Level Recall LEVETIRAC SDV 500MG/5ML SAG 10; NDC#25021078005; Econo#2046852; Consumers: Consumers should contact their physician or pharmacy for further medical advice. If you have any questions, contact Sagent Customer Service at 1-866-625-1618, M-F 8am-7pm CST. Additional information available on McKesson Connect. ***Sandoz-Enoxaparin Consumer/Patient Level Recall*** ENOXAP SOD INJ 40MG/4ML SAN 10; NDC#00781324664; Econo#2349470; Consumers: Consumers should stop taking the recalled product, immediately consult with their physician to attain another prescription, and return the product to where originally purchased. Consumers should contact their physician or healthcare provider if they have experienced any problems that may be related to taking or using this drug product. Additional information available on McKesson Connect.

Pharm Contact : Christopher Munnerlyn
Pharm Contact # : 8032618615
FM9100582
contact@mypharmacyandoptical.com

378-5813	378-5813	10.000	EA	STERICYCLE 3GL SHRP MAILBK DS	114.09		60.45		604.50	
STERICYCLE INC, MCK PO# QO10262021 00M2385, INV# 1011218380, 11/30/2021										

SUMMARY

TOTAL RX PURCHASES:	\$0.00	TOTAL CONTRACT PURCHASES:	\$0.00
TOTAL OTC PURCHASES:	\$604.50	TOTAL NON CONTRACT PURCHASES:	\$604.50

NET PAYABLE BY STATEMENT DATE 12/24/2021: \$604.50
GROSS PAYABLE AFTER STATEMENT DATE 12/24/2021: \$616.84

AWP is a benchmark published by MediSpan or supplied by manufacturers when it is unavailable through MediSpan. It is not an average, and does not reflect actual prices in sales transactions between wholesalers and their customers. AWP can change at any time and the AWP provided herein may not be current.

This invoice is payable to **CARR: MCK INITIATED ACH DEBIT AMT DUE REMITTED VIA ACH DEBIT** Statement for information only
must be made within 5 days and show date of invoice.

MCKESSON

Invoice

*Cont. IMZ
Supplies*

MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

Billing No.:	7312088505
Billing Date:	12/14/2021
PO#:	covid supplies 00
McK Connect UserID:	n8ukd0k8

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

909811	M54	080	1 of 2
Customer	Route	Stop	Page

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor.

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR R RETAIL X	UNIT PRICE	I D	EXTENDED AMOUNT	H M
----------	-------	----------	-----	----	------------------	----------------------	---------------	--------	--------------------	--------

Sandoz-Enoxaparin Consumer/Patient Level Recall ENOXAP SOD INJ 40MG/4ML SAN 10; NDC#00781324664; Econo#2349470; Consumers: Consumers should stop taking the recalled product, immediately consult with their physician to attain another prescription, and return the product to where originally purchased. Consumers should contact their physician or healthcare provider if they have experienced any problems that may be related to taking or using this drug product. Additional information available on McKesson Connect. ***P&G-Old Spice & Secret Consumer/Patient Level Recall*** OLD SPC A/P I/S PURE SPRIT 3.8Z; UPC#3700072974; Econo#3904000; OLD SPC A/P I/S SWAGGR 3.8Z; UPC#3700073034; Econo#3903994; OLD SPC H/E A/P AERO SPORT 6OZ; UPC#1204400191; Econo#2461473; SECRET A/P AERO PWD/FRSH 4OZ; UPC#3700071109; Econo#1980416; SECRET A/P AERO PWD/FRSH 6OZ; UPC#3700071108; Econo#1980150; SECRET A/P I/S CL WTR 3.8Z; UPC#3700072991; Econo#3903978; SECRET A/P I/S LUXE 3.8Z; UPC#3700072986; Econo#3903960; SECRET A/P I/S SPR BOHO 3.8Z; UPC#3700072992; Econo#3903952; Consumers: Consumers should stop using these specific aerosol products and appropriately discard them. Please follow your local disposal procedure for aerosol products. Information can be found through your local waste management services. For further questions regarding the recall, call P&G Consumer Care Team at 888-339-7689 between 9am-6pm EST Monday through Friday. Additional information on McKesson Connect. ***Teligent-Lidocaine TS Consumer/Patient Recall*** LIDOCAINE HCLTOP SOL 4% SKY50ML; NDC#63739099764; Econo#1518976; Consumers: Consumers and patients should call 856-697-1441 and press * to reach the medical information call center Monday through Friday, 8am-5pm or send an email to Medical@teligent.com for any product questions and to receive instructions on reimbursement and return shipping info for these product lots. Consumers and patients should contact their physician or pharmacy for further medical advice. Additional information on McKesson Connect.

091128-76778	154-0210	658371280	6	BX	CONTAINER 2351568 GLOVE NTRL PF XL CNCHA BX100	15.59	8.25		49.50	
--------------	----------	-----------	---	----	---------------------------------------------------	-------	------	--	-------	--

SUMMARY

TOTAL RX PURCHASES:	\$0.00	TOTAL CONTRACT PURCHASES:	\$0.00
TOTAL OTC PURCHASES:	\$49.50	TOTAL NON CONTRACT PURCHASES:	\$49.50

NET PAYABLE BY STATEMENT DATE 12/31/2021: \$49.50
GROSS PAYABLE AFTER STATEMENT DATE 12/31/2021: \$50.51

MCKESSON

Invoice

COVID
IMZ

Billing No.: 7312925828
 Billing Date: 12/17/2021
 PO#: COVID12162021 00
 McK Connect UserID: n8ukd0k8

MCKESSON CORPORATION DC#8148
 2975 EVERGREEN DRIVE
 DULUTH GA 30096

Phone: 855/625-7385
 DEA: PR0040357

BILL TO:
 MY PHARMACY
 808 HIGHWAY 378 STE B
 LEXINGTON SC 29072-8379

SHIP TO:
 MY PHARMACY
 808 HIGHWAY 378 STE B
 LEXINGTON SC 29072-8379

DEA: FM9100582
 PHCY: 19337
 CTRL: 1019337

909811	M54	080	1 of 3
Customer	Route	Stop	Page

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor.

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR R RETAIL X	UNIT PRICE	EXTENDED AMOUNT	II M
----------	-------	----------	-----	----	------------------	----------------------	---------------	--------------------	---------

Sandoz-Enoxaparin Consumer/Patient Level Recall ENOXAP SOD INJ 40MG/4ML SAN 10; NDC#00781324664; Econo#2349470; Consumers: Consumers should stop taking the recalled product, immediately consult with their physician to attain another prescription, and return the product to where originally purchased. Consumers should contact their physician or healthcare provider if they have experienced any problems that may be related to taking or using this drug product. Additional information available on McKesson Connect. ***P&G-Old Spice & Secret Consumer/Patient Level Recall*** OLD SPC A/P I/S PURE SPRT 3.8Z; UPC#3700072974; Econo#3904000; OLD SPC A/P I/S SWAGGR 3.8Z; UPC#3700073034; Econo#3903994; OLD SPC H/E A/P AERO SPORT 6OZ; UPC#1204400191; Econo#2461473; SECRET A/P AERO PWD/FRSH 4OZ; UPC#3700071109; Econo#1980416; SECRET A/P AERO PWD/FRSH 6OZ; UPC#3700071108; Econo#1980150; SECRET A/P I/S CL WTR 3.8Z; UPC#3700072991; Econo#3903978; SECRET A/P I/S LUXE 3.8Z; UPC#3700072986; Econo#3903960; SECRET A/P I/S SPR BOHO 3.8Z; UPC#3700072992; Econo#3903952; Consumers: Consumers should stop using these specific aerosol products and appropriately discard them. Please follow your local disposal procedure for aerosol products. Information can be found through your local waste management services. For further questions regarding the recall, call P & G Consumer Care Team at 888-339-7689 between 9am-6pm EST Monday through Friday. Additional information on McKesson Connect. ***Teligent-Lidocaine TS Consumer/Patient Recall*** LIDOCAINE HCLTOP SOL 4% SKY50ML; NDC#63739099764; Econo#1518976; Consumers: Consumers and patients should call 856-697-1441 and press * to reach the medical information call center Monday through Friday, 8am-5pm or send an email to Medical@teligent.com for any product questions and to receive instructions on reimbursement and return shipping info for these product lots. Consumers and patients should contact their physician or pharmacy for further medical advice. Additional information on McKesson Connect.

08496-0164-01	232-2709	659105386			CONTAINER 2409351 1 * EA EASY-TCH LUER-L 1ML-INS 100	8.39 R	6.71	6.71	
		Above Item			9 EA Manufacturer limiting supply - allocated quantity DISP SYRIN				
08290-3057-61	227-1708	659105386			CASE ITEMS 10 BX NEEDL SAF BD.25GX1IN BX100 DIS NEEDLE	23.08 R	15.60	156.00	

SUMMARY

total: 162.71

MCKESSON

Invoice

*COVID
Supplies
1/17/21*

MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

Billing No.:	7312925827
Billing Date:	12/17/2021
PO#:	COVID12162021 00
McK Connect UserID:	n8ukd0k8

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

909811	M54	080	1 of 2
Customer	Route	Stop	Page

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor.

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR R RETAIL X	UNIT PRICE	I D	EXTENDED AMOUNT	H M
----------	-------	----------	-----	----	------------------	----------------------	---------------	--------	--------------------	--------

Sandoz-Enoxaparin Consumer/Patient Level Recall ENOXAP SOD INJ 40MG/.4ML SAN 10; NDC#00781324664; Econo#2349470; Consumers:Consumers should stop taking the recalled product, immediately consult with their physician to attain another prescription, and return the product to where originally purchased. Consumers should contact their physician or healthcare provider if they have experienced any problems that may be related to taking or using this drug product. Additional information available on McKesson Connect.***P&G-Old Spice & Secret Consumer/Patient Level Recall*** OLD SPC A/P I/S PURE SPRT 3.8Z; UPC#3700072974; Econo#3904000; OLD SPC A/P I/S SWAGGR 3.8Z; UPC#3700073034; Econo#3903994; OLD SPC H/E A/P AERO SPORT 6OZ; UPC#1204400191; Econo#2461473; SECRET A/P AERO PWD/FRSH 4OZ; UPC#3700071109; Econo#1980416; SECRET A/P AERO PWD/FRSH 6OZ; UPC#3700071108; Econo#1980150; SECRET A/P I/S CL WTR 3.8Z; UPC#3700072991; Econo#3903978; SECRET A/P I/S LUXE 3.8Z; UPC#3700072986; Econo#3903960; SECRET A/P I/S SPR BOHO 3.8Z; UPC#3700072992; Econo#3903952; Consumers: Consumers should stop using these specific aerosol products and appropriately discard them. Please follow your local disposal procedure for aerosol products. Information can be found through your local waste management services. For further questions regarding the recall, call P & G Consumer Care Team at 888-339-7689 between 9am-6pm EST Monday through Friday. Additional information on McKesson Connect. ***Teligent-Lidocaine TS Consumer/Patient Recall*** LIDOCAINE HCLTOP SOL 4% SKY50ML; NDC#63739099764; Econo#1518976; Consumers:Consumers and patients should call 856-697-1441 and press * to reach the medical information call center Monday through Friday, 8am-5pm or send an email to Medical@teligent.com for any product questions and to receive instructions on reimbursement and return shipping info for these product lots. Consumers and patients should contact their physician or pharmacy for further medical advice. Additional information on McKesson Connect.

715912-10612	226-4224	659105385	14	BX	GLOVE NITR PF EX MED CAREM 100	29.59	20.50		287.00	
715912-10612	226-4224	659105385	6	BX	GLOVE NITR PF EX MED CAREM 100	29.59	20.50		123.00	
715912-10613	226-4307	659105385	60	BX	GLOVE NITR EX PF LGE CAREM 100	29.59	20.50		1,230.00	
715912-10611	226-4042	659105385	20	BX	GLOVE NITR PF EX SM SHEP BX100	29.59	20.50		410.00	

SUMMARY

TOTAL RX PURCHASES:	\$0.00	TOTAL CONTRACT PURCHASES:	\$0.00
TOTAL OTC PURCHASES:	\$2,050.00	TOTAL NON CONTRACT PURCHASES:	\$2,050.00

NET PAYABLE BY STATEMENT DATE 12/31/2021: \$2,050.00
GROSS PAYABLE AFTER STATEMENT DATE 12/31/2021: \$2,091.84

MCKESSON

Invoice

COVID
IMZ

MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

Billing No.: 7313537574
Billing Date: 12/21/2021
PO#: COVID122021 00
McK Connect UserID: n8ukd0k8

909811	M54	080	1 of 2
Customer	Route	Stop	Page

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor.

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR R RETAIL X	UNIT PRICE	I D	EXTENDED H AMOUNT M
----------	-------	----------	-----	----	------------------	----------------------	---------------	--------	------------------------

Sandoz-Enoxaparin Consumer/Patient Level Recall ENOXAP SOD INJ 40MG/ 4ML SAN 10; NDC#00781324664; Econo#2349470; Consumers: Consumers should stop taking the recalled product, immediately consult with their physician to attain another prescription, and return the product to where originally purchased. Consumers should contact their physician or healthcare provider if they have experienced any problems that may be related to taking or using this drug product. Additional information available on McKesson Connect. **P&G-Old Spice & Secret Consumer/Patient Level Recall*** OLD SPC A/P I/S PURE SPRT 3.8Z; UPC#3700072974; Econo#3904000; OLD SPC A/P I/S SWAGGR 3.8Z; UPC#3700073034; Econo#3903994; OLD SPC H/E A/P AERO SPORT 6OZ; UPC#1204400191; Econo#2461473; SECRET A/P AERO PWD/FRSH 4OZ; UPC#3700071109; Econo#1980416; SECRET A/P AERO PWD/FRSH 6OZ; UPC#3700071108; Econo#1980150; SECRET A/P I/S CL WTR 3.8Z; UPC#3700072991; Econo#3903978; SECRET A/P I/S LUXE 3.8Z; UPC#3700072986; Econo#3903960; SECRET A/P I/S SPR BOHO 3.8Z; UPC#3700072992; Econo#3903952; Consumers: Consumers should stop using these specific aerosol products and appropriately discard them. Please follow your local disposal procedure for aerosol products. Information can be found through your local waste management services. For further questions regarding the recall, call P & G Consumer Care Team at 888-339-7689 between 9am-6pm EST Monday through Friday. Additional information on McKesson Connect. ***Teligent-Lidocaine TS Consumer/Patient Recall*** LIDOCAINE HCLTOP SOL 4% SKY50ML; NDC#63739099764; Econo#1518976; Consumers: Consumers and patients should call 856-697-1441 and press * to reach the medical information call center Monday through Friday, 8am-5pm or send an email to Medical@teligent.com for any product questions and to receive instructions on reimbursement and return shipping info for these product lots. Consumers and patients should contact their physician or pharmacy for further medical advice. Additional information on McKesson Connect.

715912-10611	226-4042	659762936	12	BX	GLOVE NTR PF EX SM SHEP BX100	29.59	20.50		246.00
091128-76778	154-0210	659762936	12	BX	GLOVE NTRL PF XL CNCHA BX100	15.59	8.25		99.00
091128-76778	154-0210	659762936	12	BX	GLOVE NTRL PF XL CNCHA BX100	15.59	8.25		99.00
715912-10613	226-4307	659762936	60	BX	GLOVE NTR EX PF LGE CAREM 100	29.59	20.50		1,230.00

SUMMARY

TOTAL RX PURCHASES: \$0.00
TOTAL OTC PURCHASES: \$1,674.00

TOTAL CONTRACT PURCHASES:
TOTAL NON CONTRACT PURCHASES:

\$0.00
\$1,674.00

NET PAYABLE BY STATEMENT DATE 01/07/2022: \$1,674.00
GROSS PAYABLE AFTER STATEMENT DATE 01/07/2022: \$1,708.16

MCKESSON

Invoice

COVID SUPPLIES

MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

Billing No.:	7314462194
Billing Date:	12/27/2021
PO#:	COVID122621 00
McK Connect UserID:	n8ukd0k8

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

909811	M54	080	1 of 2
Customer	Route	Stop	Page

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor.

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR R RETAIL X	UNIT PRICE	I D	EXTENDED H AMOUNT M
----------	-------	----------	-----	----	------------------	----------------------	---------------	--------	------------------------

Sandoz-Enoxaparin Consumer/Patient Level Recall ENOXAP SOD INJ 40MG/.4ML SAN 10; NDC#00781324664; Econo#2349470; Consumers: Consumers should stop taking the recalled product, immediately consult with their physician to attain another prescription, and return the product to where originally purchased. Consumers should contact their physician or healthcare provider if they have experienced any problems that may be related to taking or using this drug product. Additional information available on McKesson Connect. ***P&G-Old Spice & Secret Consumer/Patient Level Recall*** OLD SPC A/P I/S PURE SPRT 3.8Z; UPC#3700072974; Econo#3904000; OLD SPC A/P I/S SWAGGR 3.8Z; UPC#3700073034; Econo#3903994; OLD SPC H/E A/P AERO SPORT 6OZ; UPC#1204400191; Econo#2461473; SECRET A/P AERO PWD/FRSH 4OZ; UPC#3700071109; Econo#1980416; SECRET A/P AERO PWD/FRSH 6OZ; UPC#3700071108; Econo#1980150; SECRET A/P I/S CL WTR 3.8Z; UPC#3700072991; Econo#3903978; SECRET A/P I/S LUXE 3.8Z; UPC#3700072986; Econo#3903960; SECRET A/P I/S SPR BOHO 3.8Z; UPC#3700072992; Econo#3903952; Consumers: Consumers should stop using these specific aerosol products and appropriately discard them. Please follow your local disposal procedure for aerosol products. Information can be found through your local waste management services. For further questions regarding the recall, call P&G Consumer Care Team at 888-339-7689 between 9am-6pm EST Monday through Friday. Additional information on McKesson Connect. ***Teligent-Lidocaine TS Consumer/Patient Recall*** LIDOCAINE HCLTOP SOL 4% SKY50ML; NDC#63739099764; Econo#1518976; Consumers: Consumers and patients should call 856-697-1441 and press * to reach the medical information call center Monday through Friday, 8am-5pm or send an email to Medical@teligent.com for any product questions and to receive instructions on reimbursement and return shipping info for these product lots. Consumers and patients should contact their physician or pharmacy for further medical advice. Additional information on McKesson Connect.

					CONTAINER 2519964				
091128-76776	154-095	660698737	9	BX	GLOVE NTRL PF MD CNCHA BX100	15.59	8.25		74.25
612479-12739	379-8238	660698737	6	BX	MK ADH STRIP 1X3 REC 164811	3.99	1.64		9.84
					CONTAINER 2519965				
091128-76776	154-0095	660698737	15	BX	GLOVE NTRL PF MD CNCHA BX100	15.59	8.25		123.75
					CONTAINER 2519966				
091128-76777	154-0103	660698737	9	BX	GLOVE NTRL PF LG CNCHA BX100	15.59	8.25		74.25
					CONTAINER 2519967				
091128-76777	154-0103	660698737	9	BX	GLOVE NTRL PF LG CNCHA BX100	15.59	8.25		74.25
					CONTAINER 2519968				
091128-76777	154-0103	660698737	6	BX	GLOVE NTRL PF LG CNCHA BX100	15.59	8.25		49.50
					CONTAINER 2519969				
091128-76778	154-0210	660698737	12	BX	GLOVE NTRL PF XL CNCHA BX100	15.59	8.25		99.00
					CONTAINER 2519970				
091128-76778	154-0210	660698737	12	BX	GLOVE NTRL PF XL CNCHA BX100	15.59	8.25		99.00
					CONTAINER 2519971				
091128-76775	154-0087	660698737	9	BX	GLOVE NTRL PF SM CNCHA BX100	15.59	8.25		74.25
					CONTAINER 2519972				
091128-76775	154-0087	660698737	9	BX	GLOVE NTRL PF SM CNCHA BX100	15.59	8.25		74.25
					CONTAINER 2519973				

total: 841.20

MCKESSON

Invoice

COVID Supplies
1/17

MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

Billing No.:	7314462193
Billing Date:	12/27/2021
PO#:	COVID122621 00
McK Connect UserID:	n8ukd0k8

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

909811	M54	080	1 of 3
Customer	Route	Stop	Page

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor.

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR R RETAIL X	UNIT PRICE	I D	EXTENDED H AMOUNT M
----------	-------	----------	-----	----	------------------	----------------------	---------------	--------	------------------------

Sandoz-Enoxaparin Consumer/Patient Level Recall ENOXAP SOD INJ 40MG/.4ML SAN 10; NDC#00781324664; Econo#2349470; Consumers: Consumers should stop taking the recalled product, immediately consult with their physician to attain another prescription, and return the product to where originally purchased. Consumers should contact their physician or healthcare provider if they have experienced any problems that may be related to taking or using this drug product. Additional information available on McKesson Connect. **P&G-Old Spice & Secret Consumer/Patient Level Recall*** OLD SPC A/P I/S PURE SPRT 3.8Z; UPC#3700072974; Econo#3904000; OLD SPC A/P I/S SWAGGR 3.8Z; UPC#3700073034; Econo#3903994; OLD SPC H/E A/P AERO SPORT 6OZ; UPC#1204400191; Econo#2461473; SECRET A/P AERO PWD/FRSH 4OZ; UPC#3700071109; Econo#1980416; SECRET A/P AERO PWD/FRSH 6OZ; UPC#3700071108; Econo#1980150; SECRET A/P I/S CL WTR 3.8Z; UPC#3700072991; Econo#3903978; SECRET A/P I/S LUXE 3.8Z; UPC#3700072986; Econo#3903960; SECRET A/P I/S SPR BOHO 3.8Z; UPC#3700072992; Econo#3903952; Consumers: Consumers should stop using these specific aerosol products and appropriately discard them. Please follow your local disposal procedure for aerosol products. Information can be found through your local waste management services. For further questions regarding the recall, call P & G Consumer Care Team at 888-339-7689 between 9am-6pm EST Monday through Friday. Additional information on McKesson Connect. ***Teligent-Lidocaine TS Consumer/Patient Recall*** LIDOCAINE HCLTOP SOL 4% SKY50ML; NDC#63739099764; Econo#15189; 6; Consumers: Consumers and patients should call 856-697-1441 and press * to reach the medical information call center Monday through Friday, 8am-5pm or send an email to Medical@teligent.com for any product questions and to receive instructions on reimbursement and return shipping info for these product lots. Consumers and patients should contact their physician or pharmacy for further medical advice. Additional information on McKesson Connect.

08290-3057-61	227-1708	660698736	5	BX	NEEDL SAF BD 25GX1IN BX100	23.08	R	15.60	78.00
		Above Item	19	BX	Manufacturer limiting supply - allocated quantity DIS NEEDLE				
08290-3096-28	117-8292	660698736	20	CT	SYR LL BD 1ML 1/100ML GRAD 100 DISP SYRIN	31.25	R	30.00	600.00

SUMMARY

total
678.00

MCKESSON

Invoice

COVID Supplier COVID IMZ

MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

Billing No.:	7314788146
Billing Date:	12/28/2021
PO#:	122721AM 00
McK Connect UserID:	n8ukd0k8

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

909811	M54	080	1 of 1
Customer	Route	Stop	Page

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor.

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR RETAIL X	R	UNIT PRICE	I D	EXTENDED AMOUNT	H M
08496-0164-01	232-2709	660810333	1	EA	EASY-TCH LUER-L 1ML-INS 100 DISP SYRIN	8.39	R	6.71		6.71	

Padagis-Nitrogl Spr Consumer/Patient Level Recall NITROGL SPR 12G 4CMCG PERRS 200; NDC#45802021002; Econo#1901438; Lot#156041,153199,150892 Consumers: Consumers should contact their physician or pharmacy for further medical advice. If you have any questions, contact Padagis Call Center at 800-719-9260. Additional information available on McKesson Connect.

SUMMARY

TOTAL RX PURCHASES:	\$6.71	TOTAL CONTRACT PURCHASES:	\$0.00
TOTAL OTC PURCHASES:	\$0.00	TOTAL NON CONTRACT PURCHASES:	\$6.71

NET PAYABLE BY STATEMENT DATE 01/14/2022: **\$6.71**
GROSS PAYABLE AFTER STATEMENT DATE 01/14/2022: \$6.85

AWP is a benchmark published by MediSpan or supplied by manufacturers when it is unavailable through MediSpan. It is not an average, and does not reflect actual prices in sales transactions between wholesalers and their customers. AWP can change at any time and the AWP provided herein may not be current.

Lines 1 Cases 0 Pieces 1
 This invoice is payable to **CARR: MCK INITIATED ACH DEBIT AMT DUE REMITTED VIA ACH DEBIT Statement for information only**
 Claims must be made within 5 days and show date of invoice.

MCKESSON

Invoice

*COVID 19
Supplies*

MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

Billing No.:	7315317585
Billing Date:	12/30/2021
PO#:	COVID1229 00
McK Connect UserID:	n8ukd0k8

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

909811	M54	080	1 of 1
Customer	Route	Stop	Page

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7(b) and the discount safe harbor.

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR R RETAIL X	UNIT PRICE	I D	EXTENDED H AMOUNT M
<p>***Padagis-Nitrogl Spr Consumer/Patient Level Recall*** NITROGL SPR 12G 4CMGG PERRS 200; NDC#45802021002; Econo#1901438; Lot#156041,153199,150892 Consumers: Consumers should contact their physician or pharmacy for further medical advice. If you have any questions, contact Padagis Call Center at 800-719-9260. Additional information available on McKesson Connect. ***Essential Medical Supply - Hand Bed Rails Consumer/Patient Level Recall*** BED RAIL HAND STND ESS P1410; UPC#75475661410; Econo#1735752; All Lots. BED RAIL HAND STND ESS P1410DS; UPC#75475661410; Econo#1735752; All Lots. All consumers should stop use of the bed rails. Contact Essential Medical Supply at 800-826-8423 if you have any additional questions. Additional information available on McKesson Connect.</p>									
08421-0820-91	355-0324	661316954	6	BX	EASYPPOINT NDL 25GX5/8 RTI BX50	R	21.12		126.72

SUMMARY

TOTAL RX PURCHASES: \$126.72
TOTAL OTC PURCHASES: \$0.00

TOTAL CONTRACT PURCHASES: ~~\$0.00~~
TOTAL NON CONTRACT PURCHASES: \$126.72

NET PAYABLE BY STATEMENT DATE 01/14/2022: \$126.72
GROSS PAYABLE AFTER STATEMENT DATE 01/14/2022: \$129.31

Lines 1 Cases 0 Pieces 6
This invoice is payable to: **CARR: MCK INITIATED ACH DEBIT AMT DUE REMITTED VIA ACH DEBIT Statement for**
information only
Claims must be made within 5 days and show date of invoice.

MCKESSON

Invoice

*COVID 19
Supplier*

MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

Billing No.:	7315317587
Billing Date:	12/30/2021
PO#:	COVID191229 00
McK Connect UserID:	n8ukd0k8

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

909811	M54	080	1 of 1
Customer	Route	Stop	Page

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor.

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR RETAIL X	R	UNIT PRICE	I D	EXTENDED AMOUNT	H M
<p>***Padagis-Nitrogl Spr Consumer/Patient Level Recall*** NITROGL SPR 12G 4CMCG PERRS 200; NDC#45802021002; Econo#1901438; Lot#156041,153199,150892 Consumers: Consumers should contact their physician or pharmacy for further medical advice. If you have any questions, contact Padagis Call Center at 800-719-9260. Additional information available on McKesson Connect. ***Essential Medical Supply - Hand Bed Rails Consumer/Patient Level Recall*** BED RAIL HAND STND ESS P1410; UPC#75475661410; Econo#1735752; All Lots. BED RAIL HAND STND ESS P1410DS; UPC#75475661410; Econo#1735752; All Lots. All consumers should stop use of the bed rails. Contact Essential Medical Supply at 800-826-8423 if you have any additional questions. Additional information available on McKesson Connect.</p>											
091128-76775	154-0087	661491095	3	BX	CONTAINER 2576274 GLOVE NTRL PF SM CNCHA BX100	15.59		8.25		24.75	
091128-76775	154-0087	661491095	9	BX	CONTAINER 2576276 GLOVE NTRL PF SM CNCHA BX100	15.59		8.25		74.25	

SUMMARY

TOTAL RX PURCHASES: \$0.00
TOTAL OTC PURCHASES: \$99.00

TOTAL CONTRACT PURCHASES:
TOTAL NON CONTRACT PURCHASES:

~~\$0.00~~
\$99.00

NET PAYABLE BY STATEMENT DATE 01/14/2022: \$99.00
GROSS PAYABLE AFTER STATEMENT DATE 01/14/2022: \$101.02

AWP is a benchmark published by MediSpan or supplied by manufacturers when it is unavailable through MediSpan. It is not an average, and does not reflect actual prices in sales transactions between wholesalers and their customers. AWP can change at any time and the AWP provided herein may not be current.

Lines	Cases	Pieces	This invoice is payable to CARR: MCK INITIATED ACH DEBIT AMT DUE REMITTED VIA ACH DEBIT Statement for information only Claims must be made within 5 days and show date of invoice.
1	0	12	

From: ACC-FinAdmin@dhec.sc.gov
To: hamp@mypharmacyandoptical.com
Subject: Hospital Testing Invoice -
Date: Monday, February 14, 2022 12:37:42 PM

We have received your COVID-19 Vaccination Reimbursement Invoice. Your invoice is being reviewed by DHEC and you will receive email notifications throughout the approval process until completed.

Date Submitted: 2022-02-14

Notifications will include:

- This confirmation email that DHEC has received your invoice and starting the approval process.
- When DHEC has approved and signed, an email confirming your payment has been approved.

A DHEC staff member will reach out to you If there are any questions concerning your invoice.

For your reference:

Invoice Total: 44478.08

Agency Contact:

If you have any questions or comments, please email ACC-FinAdmin@dhec.sc.gov

Regards.

S.C. Dept. of Health & Environmental Control

PRIVACY NOTICE: The information contained in this message and all attachments transmitted with it may contain legally privileged and/or confidential information intended solely for the use of the individual or entity to whom it is addressed. Access to this information by any other individual is unauthorized and may be unlawful. If the reader of this message is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copying, or other use of this message or its attachments is strictly prohibited. If you have received this message in error, please notify the sender immediately and delete the information without retaining any copies. Thank you.



Carolina Tent & Event, Inc.
 Phone: 803 789 7165
 Fax: 803 789 6440
 Email: tom@carolinentent.com
 www.carolinentent.com

Invoice 3569
 Reference: 5578
 Invoice Date: 12/29/2021
 Due Date: 03/01/2021

Billing Info
Munnerlyn, Brent ATTN: Brent Munnerlyn 808 Highway 378 Lexington , South Carolina 29072

Event Info	
808 Highway 378 Lexington Lexington, South Carolina 29072	Start: Mon, 03/01/2021 12:00PM End: Wed, 09/01/2021 12:00PM

Item	Qty	Unit \$	Total \$
Cement anchors Large	8	\$20.00	\$160.00
Marquee 30 x 40 High Peak Tent	1	\$700.00	\$700.00
Multi-week rental	39	\$365.79	\$14,266.00
Standard Wall 20 x 20	4	\$15.00	\$60.00
Sales Tax (6.36%)			\$965.65
Set Up Fee			\$100.00
Payment Credit Card			\$1,020.20
Payment Credit Card			\$64.20
Payment Credit Card			\$1,043.25
Payment Credit Card			\$1,605.00
Payment Credit Card			\$1,605.00
Payment Credit Card			\$1,738.75
Payment Credit Card			\$1,524.75
Payment Credit Card			\$1,738.75
Payment Credit Card			\$1,391.00
Payment Credit Card			\$1,391.00
Payment Credit Card			\$1,391.00
Payment Credit Card			\$1,738.75
Total			\$16,251.65
Payments Received			\$16,251.65
Remaining Balance			\$0.00
Minimum Due			\$0.00

FOR 12/29/21 LEX

CAROLINA TENT & EVENT INC
 4652 CATAWBA RIVER RD
 CATAWBA, SC 29704

SALE

MID: 5080 Store: 4053 Term: 2058

REF#: 00000001

Batch #: 028 RRN: 136218602076

12/28/21

CW: 11

Trans ID: 301362660197345

APPR CODE: 028772

Manual CNP

VISA ****8879

\$1,738.75

AMOUNT

APPROVED

I AGREE TO PAY ABOVE TOTAL AMOUNT
 IN ACCORDANCE WITH CARD ISSUER'S
 AGREEMENT.
 (MERCHANT AGREEMENT IF CREDIT MACHINER)
 RETAIN THIS COPY FOR STATEMENT
 VERIFICHTCH

THANK YOU

MERCHANT COPY

Catawba, South Carolina 29704

Dec 02, 2021 order | Order# 6072150-190907

Shipping

Delivered on Dec 07

Sold and shipped by [GM Furniture](#)

[Start a return](#)

1 item



GANGMEI Black Steel Lateral File Storage Cabinet with 2 Drawers, 28.3 Inches Height Storage Cabinet for... **\$209.99**

Qty 1

[Contact seller](#) to ask about your order

[Add to cart](#)

[Write a review](#)

Delivery address

Emily Jumper
808 Hwy 378, Ste A, Lexington, SC
29072

Delivery preferences

Payment method

Ending in 8879

Subtotal \$209.99

Taxes \$14.70

Total \$224.69

Order# 6072150-190907

Barcode

- file cabinet
cov - 19
Records
Lexing for december.



Final Details for Order #111-3132587-5673062

Print this page for your records.

COVID
1M7

Order Placed: December 4, 2021

Amazon.com order number: 111-3132587-5673062

Order Total: \$84.81

Shipped on December 6, 2021

Items Ordered

1 of: *Amazon Basics 10 x 13-Inch Clasp Kraft Envelopes, Gummed, 100-Pack* **Price**
\$15.99
Sold by: Amazon.com Services LLC

Condition: New

1 of: *Amazon Brand - Solimo Disinfecting Wipes, Lemon Scent & Fresh Scent, Sanitizes/Cleans/Disinfects/Deodorizes, 75 Count (Pack of 3)* \$8.19
Sold by: Amazon.com Services LLC

Condition: New

1 of: *Plasticplace 8 Gallon Trash Bags | 0.7 Mil | White Drawstring Garbage Can Liners | 22" x 22" (200 Case), Count* \$20.85
Sold by: Plasticplace ([seller profile](#))

Condition: New

Shipping Address:

My Pharmacy and Optical
808 HIGHWAY 378 STE A
BOX 1
LEXINGTON, SC 29072-8379
United States

Shipping Speed:

FREE Prime Delivery

Shipped on December 6, 2021

Items Ordered

1 of: *Amazon Brand - Solimo Hand Sanitizer, Original Scent, 67.6 Fl Oz (Pack of 1)* **Price**
\$8.09
Sold by: Amazon.com Services LLC

Condition: New

1 of: *Amazon Brand - Solimo Facial Tissues with Lotion (18 Cube Boxes), 75 Tissues per Box (1350 Tissues Total)* \$31.69
Sold by: Amazon.com Services LLC

Condition: New

Shipping Address:

My Pharmacy and Optical
808 HIGHWAY 378 STE A
BOX 1
LEXINGTON, SC 29072-8379
United States

Shipping Speed:

FREE Prime Delivery

Payment information

Payment Method:

Visa | Last digits: 8879

Item(s) Subtotal: \$84.81

Shipping & Handling: \$0.00

Billing address

My Pharmacy and Optical

808 HIGHWAY 378 STE A

BOX 1

LEXINGTON, SC 29072-8379

United States

Total before tax: \$84.81

Estimated tax to be collected: \$0.00

Grand Total: \$84.81

Credit Card transactions

Visa ending in 8879; December 6, 2021: \$84.81

To view the status of your order, return to [Order Summary](#).

[Conditions of Use](#) | [Privacy Notice](#) © 1996-2022, Amazon.com, Inc. or its affiliates

COVID
IMZ
Supplies



Final Details for Order #111-0623993-0895466

Print this page for your records.

*COV 19
Name Badges
for IMZ staff.*

Order Placed: December 8, 2021

Amazon.com order number: 111-0623993-0895466

Order Total: \$109.84

Shipped on December 11, 2021

Items Ordered

Price

1 of: *PERFECTAPE 3" Heavy Duty Packing Tape 6 Rolls, Total 390Y, Clear, 2.7 mil, 3 inch x 65 Yards, Ultra Strong, Refill for Packaging and Shipping* \$16.99

Sold by: PERFECTAPE ([seller profile](#))

Condition: New

1 of: *CRAFTSMAN Tape Measure, Self-Lock, 25-Foot (CMHT37225S)* \$13.00

Sold by: Amazon.com Services LLC

Condition: New

1 of: *The Mighty Badge by Avery, 1" x 3" Silver Name Tags, 10 ID Badges, 80 Inserts for Inkjet Printers (71205)* \$59.86

Sold by: Amazon.com Services LLC

Condition: New

Shipping Address:

My Pharmacy and Optical
808 HIGHWAY 378 STE A
BOX 1
LEXINGTON, SC 29072-8379
United States

Shipping Speed:

Two-Day Shipping

Shipped on December 9, 2021

Items Ordered

Price

1 of: *Magnets for Name Tags & Badges | 25 Sets of Neodymium Magnetic Fasteners | Magnetic Badge Accessories | 2-Piece Magnet ID Badge Holders | Office Supplies* \$19.99

Sold by: OFFICE SIGN COMPANY ([seller profile](#))

Condition: New

Shipping Address:

My Pharmacy and Optical
808 HIGHWAY 378 STE A
BOX 1
LEXINGTON, SC 29072-8379
United States

Shipping Speed:

Two-Day Shipping

Payment information

Payment Method:

Visa | Last digits: 2985

Item(s) Subtotal: \$109.84

Shipping & Handling: \$0.00

Billing address

My Pharmacy and Optical

808 HIGHWAY 378 STE A

BOX 1

LEXINGTON, SC 29072-8379

United States

Total before tax: \$109.84

Estimated tax to be collected: \$0.00

Grand Total: \$109.84

Credit Card transactions

Visa ending in 2985: December 11, 2021: \$109.84

To view the status of your order, return to [Order Summary](#).

[Conditions of Use](#) | [Privacy Notice](#) © 1996-2022, Amazon.com, Inc. or its affiliates

*COVID
IMZ
Name badge*



Final Details for Order #111-5254932-9749047

Print this page for your records.

*Cor Imp
Vaccine stickers*

Order Placed: December 9, 2021

Amazon.com order number: 111-5254932-9749047

Order Total: \$145.12

Shipped on December 13, 2021

Items Ordered

Price

2 of: *Scanned Self Inking Rubber Stamp with Red Ink*
Sold by: RubberStampCreation ([seller profile](#))

\$9.25

Condition: New

1 of: *AVERY 5160 Easy Peel Address Labels , White, 1 x 2-5/8 Inch, 3,000 Count (Pack of 1)*

\$20.88

Sold by: Amazon.com Services LLC

Condition: New

1 of: *Avery Return Address Labels with Sure Feed for Laser & Inkjet Printers, 2/3" x 1-3/4", 600 Labels, Permanent Adhesive (18294), White*

\$4.44

Sold by: Amazon.com Services LLC

Condition: New

2 of: *Avery Address Labels with Sure Feed for Inkjet Printers, 0.5" x 1.75", 10,000 Labels, Permanent Adhesive (5 Pack 8167) , White*

\$50.65

Sold by: Amazon.com Services LLC

Condition: New

Shipping Address:

My Pharmacy and Optical
808 HIGHWAY 378 STE A
BOX 1
LEXINGTON, SC 29072-8379
United States

Shipping Speed:

FREE Prime Delivery

Payment information

Payment Method:

Visa | Last digits: 2985

Item(s) Subtotal: \$145.12

Shipping & Handling: \$0.00

Billing address

My Pharmacy and Optical
808 HIGHWAY 378 STE A
BOX 1
LEXINGTON, SC 29072-8379
United States

Total before tax: \$145.12

Estimated tax to be collected: \$0.00

Grand Total: \$145.12

Credit Card transactions

Visa ending in 2985: December 13, 2021: \$145.12

To view the status of your order, return to [Order Summary](#).



Final Details for Order #111-3637188-9435468

Print this page for your records.

Order Placed: December 23, 2021
Amazon.com order number: 111-3637188-9435468
Order Total: \$87.73

*Cover
IME
Lexington*

Shipped on December 26, 2021

Items Ordered

2 of: *Reli. 33 Gallon Trash Bags Heavy Duty (250 Count Bulk), Made in USA | Black Garbage Bags 30 Gallon - 32 Gallon - 35 Gallon, Bulk Trash Bag Can Liners* **Price** \$44.99

Sold by: Reli. ([seller profile](#))

Condition: New

Shipping Address:

My Pharmacy and Optical
808 HIGHWAY 378 STE A
BOX 1
LEXINGTON, SC 29072-8379
United States

Shipping Speed:

FREE Prime Delivery

Payment information

Payment Method:

Visa | Last digits: 2985

Item(s) Subtotal: \$89.98

Shipping & Handling: \$0.00

Your Coupon Savings: -\$2.25

Total before tax: \$87.73

Estimated tax to be collected: \$0.00

Grand Total: \$87.73

Billing address

My Pharmacy and Optical
808 HIGHWAY 378 STE A
BOX 1
LEXINGTON, SC 29072-8379
United States

Credit Card transactions

Visa ending in 2985: December 26, 2021: \$87.73

To view the status of your order, return to [Order Summary](#).

[Conditions of Use](#) | [Privacy Notice](#) © 1996-2022, Amazon.com, Inc. or its affiliates



Final Details for Order #113-9090093-6204242

Print this page for your records.

Order Placed: December 26, 2021
Amazon.com order number: 113-9090093-6204242
Order Total: \$101.22

*Cov19.
IMZ
Lexington*

Shipped on December 27, 2021	
Items Ordered 2 of: <i>Avery Address Labels with Sure Feed for Inkjet Printers, 0.5" x 1.75", 10,000 Labels, Permanent Adhesive (5 Pack 8167) , White</i> Sold by: Amazon.com Services LLC Condition: New	Price \$50.61
Shipping Address: My Pharmacy and Optical 808 HIGHWAY 378 STE A BOX 1 LEXINGTON, SC 29072-8379 United States	
Shipping Speed: FREE Prime Delivery	

Payment information	
Payment Method: Visa Last digits: 2985	Item(s) Subtotal: \$101.22 Shipping & Handling: \$0.00 -----
Billing address My Pharmacy and Optical 808 HIGHWAY 378 STE A BOX 1 LEXINGTON, SC 29072-8379 United States	Total before tax: \$101.22 Estimated tax to be collected: \$0.00 ----- Grand Total: \$101.22
Credit Card transactions	Visa ending in 2985: December 27, 2021: \$101.22

To view the status of your order, return to [Order Summary](#).

[Conditions of Use](#) | [Privacy Notice](#) © 1996-2022, Amazon.com, Inc. or its affiliates



Final Details for Order #114-3364654-1505834

Print this page for your records.

Order Placed: December 28, 2021
Amazon.com order number: 114-3364654-1505834
Order Total: \$139.96

*N95 covia.
let*

Shipped on December 30, 2021	
Items Ordered	Price
4 of: <i>Kingfa KN95 Face Mask 50 Pcs Disposable Respirator 5-Ply Layer GB2626-2006</i>	\$34.99
<i>Compliant</i>	
Sold by: Amor Tech (seller profile)	
Condition: New	
Shipping Address:	
My Pharmacy and Optical 808 HIGHWAY 378 STE A BOX 1 LEXINGTON, SC 29072-8379 United States	
Shipping Speed:	
Two-Day Shipping	

Payment information	
Payment Method:	Item(s) Subtotal: \$139.96
Visa Last digits: 2985	Shipping & Handling: \$0.00
Billing address	Total before tax: \$139.96
My Pharmacy and Optical	Estimated tax to be collected: \$0.00
808 HIGHWAY 378 STE A	
BOX 1	
LEXINGTON, SC 29072-8379	Grand Total: \$139.96
United States	
Credit Card transactions	Visa ending in 2985: December 30, 2021: \$139.96

To view the status of your order, return to [Order Summary](#).

[Conditions of Use](#) | [Privacy Notice](#) © 1996-2022, Amazon.com, Inc. or its affiliates



Final Details for Order #114-3529028-9851452

Print this page for your records.

COVID 19 IMZ
PPE
WY

Order Placed: December 28, 2021

Amazon.com order number: 114-3529028-9851452

Order Total: \$35.96

Shipped on December 29, 2021

Items Ordered

4 of: *Face Shields Set with 12 Replaceable Anti Fog Shields and 6 Reusable Colored Glasses for Man and Women to Protect Face and Eyes*

Sold by: Salipt Direct ([seller profile](#))

Condition: New

Price

\$8.99

Shipping Address:

My Pharmacy and Optical
808 HIGHWAY 378 STE A
BOX 1
LEXINGTON, SC 29072-8379
United States

Shipping Speed:

Standard Shipping

Payment information

Payment Method:

Visa | Last digits: 2985

Item(s) Subtotal: \$35.96

Shipping & Handling: \$0.00

Billing address

My Pharmacy and Optical
808 HIGHWAY 378 STE A
BOX 1
LEXINGTON, SC 29072-8379
United States

Total before tax: \$35.96

Estimated tax to be collected: \$0.00

Grand Total: \$35.96

Credit Card transactions

Visa ending in 2985: December 29, 2021: \$35.96

To view the status of your order, return to [Order Summary](#).

[Conditions of Use](#) | [Privacy Notice](#) © 1996-2022, Amazon.com, Inc. or its affiliates



Final Details for Order #114-6457977-6566625

Print this page for your records.

Cov19. IMZ
LLX

Order Placed: December 28, 2021
Amazon.com order number: 114-6457977-6566625
Order Total: \$44.97

Shipped on December 29, 2021	
Items Ordered	Price
3 of: <i>Cleanitize Disinfectant Wipes - Bundle - Soft Pack 72ct (6-pack) Fresh Scent One Step Cleaning and Disinfecting</i>	
Sold by: Image Warehouse (seller profile)	
Condition: New	
Shipping Address:	
My Pharmacy and Optical 808 HIGHWAY 378 STE A BOX 1 LEXINGTON, SC 29072-8379 United States	
Shipping Speed:	
Standard Shipping	

Payment information	
Payment Method:	Item(s) Subtotal: \$44.97
Visa Last digits: 2985	Shipping & Handling: \$0.00

Billing address	Total before tax: \$44.97
My Pharmacy and Optical 808 HIGHWAY 378 STE A BOX 1 LEXINGTON, SC 29072-8379 United States	Estimated tax to be collected: \$0.00

	Grand Total: \$44.97
Credit Card transactions	Visa ending in 2985: December 29, 2021: \$44.97

To view the status of your order, return to [Order Summary](#).

[Conditions of Use](#) | [Privacy Notice](#) © 1996-2022, Amazon.com, Inc. or its affiliates



Simplified Office Systems
 6220 Bush River Road
 Columbia, SC 29212
 Phone: 888-914-7476
 Fax: 803-589-1222
 Fed Tax ID: 45-1548790

Invoice
 Period Billing

INVOICE #:
211201-0912
 Page 1 of 2

*COVID 19
 drive thru
 printers /
 usage fees
 december*

Bill To: 100533
 My Pharmacy and Optical
 808 Highway 378 Suite A
 Lexington, SC, 29072
 hamp@mypharmacyandoptical.com;
 tiffany@mypharmacyandoptical.com
 Kevin Hunter

INVOICE DATE	CUST. ORDER #	PAYMENT TERMS
12/01/2021		Net 10

Invoice Line Items	
Description	Amount
Contract ID: 8015	
Meter Billing For 10/21/21 To 11/20/21	
Customer ID: 100533 Company Name: My Pharmacy and Optical Address: 808 Highway 378 Suite A, Lexington, SC, 29072,	
Serial #: MXBC15RGAE Unit ID: Model #: PRINTER/E52645dn Desc: HP LaserJet Managed MFP E52645dn	
Meter: BLACK COPIES Last Billed: 0 on 10/20/21 Current: 3573 on 11/2/21 Usage 3573 Unused Clicks Included in Term: 20 Clicks To Bill in Period: 3553	
Total Meter Charge	\$53.30
Serial #: MXBC1SRGA1 Unit ID: Model #: PRINTER/E52645dn Desc: HP LaserJet Managed MFP E52645dn	
Meter: BLACK COPIES Last Billed: 0 on 10/20/21 Current: 0 on 10/12/21 Usage 0 Unused Clicks Included in Term: 20 Clicks To Bill in Period: 0	
Total Meter Charge	\$0.00
Serial #: MXBCP1C05H Unit ID: Model #: Color Copier/E67540dn Desc: HP Color LaserJet Managed MFP	
Meter: BLACK COPIES Last Billed: 0 on 10/20/21 Current: 0 on 10/12/21 Usage 0 Unused Clicks Included in Term: 20 Clicks To Bill in Period: 0	
Total Meter Charge	\$0.00
Meter: COLOR COPIES Last Billed: 0 on 10/20/21 Current: 0 on 10/12/21 Usage 0 Unused Clicks Included in Term: 20 Clicks To Bill in Period: 0	
Total Meter Charge	\$0.00
Tax Summary	
Lexington S	\$0.53
ZSC State	\$3.20

Interested in 3D PRINTING? CONTACT SOS!
 Any open balance past 90 days will be assessed a 1.5% late fee.

total = \$57.03

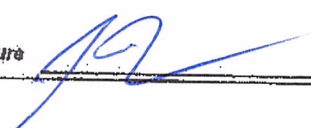
Invoice

Period Billing

INVOICE #:

211201-0912

Page 2 of 2

Invoice Comments:	Paid \$57.03 on 12/28/21 by VISA Approval code: 028431 (8879)	SUBTOTAL:	\$53.30
		DISCOUNT:	\$0.00
Customer Signature		OTHER CHARGES:	\$0.00
		TAX:	\$3.73
		TOTAL:	\$57.03

#57.03



Simplified Office Systems
 6220 Bush River Road
 Columbia, SC 29212
 Phone: 888-914-7476
 Fax: 803-569-1222
 Fed Tax ID: 45-1548790

Invoice
 Period Billing

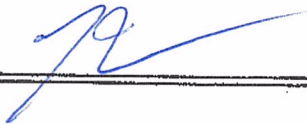
INVOICE #:
211228-0374
 Page 1 of 1

Bill To: 100533
 My Pharmacy and Optical
 808 Highway 378 Suite A
 Lexington, SC, 29072
 hamp@mypharmacyandoptical.com
 tiffany@mypharmacyandoptical.com
 Kevin Hunter

INVOICE DATE	CUST. ORDER #	PAYMENT TERMS
12/28/2021		Net 10

Invoice Line Items	
Description	Amount
Contract ID 6013	
Meter Billing For 11/29/21 To 12/28/21	
Customer ID: 100533 Company Name: My Pharmacy and Optical Address: 808 Highway 378 Suite A, Lexington, SC, 29072,	
Serial #: MXBCP330L4 Unit ID: Model #: PRINTER/E52645dn Desc: HP LaserJet Managed MFP E52645dn	
Meter: BLACK COPIES Last Billed: 0 on 11/28/21 Current: 0 on 10/12/21 Usage 0 Unused Clicks Included in Term: 20 Clicks To Bill in Period: 0	
Total Meter Charge	\$0.00
Serial #: MXBCP3P03G Unit ID: Model #: PRINTER/E52645dn Desc: HP LaserJet Managed MFP E52645dn	
Meter: BLACK COPIES Last Billed: 2774 on 11/28/21 Current: 5054 on 12/3/21 Usage 2280 Unused Clicks Included in Term: 0 Clicks To Bill in Period: 2280	
Total Meter Charge	\$34.20
Tax Summary	
Lexington S	\$0.34
ZSC State	\$2.05

Interested in 3D PRINTING? CONTACT SOS!
 Any open balance past 90 days will be assessed a 1.5% late fee.

Invoice Comments: Paid \$36.59 on 12/28/21 by VISA Approval code: 026431 (8876) Customer Signature 	SUBTOTAL:	\$34.20
	DISCOUNT:	\$0.00
	OTHER CHARGES:	\$0.00
	TAX:	\$2.39
	TOTAL:	\$36.59

total. \$ 36.58



Simplified Office Systems
 6220 Bush River Road
 Columbia, SC 29212
 Phone: 888-814-7476
 Fax: 803-569-1222
 Fed Tax ID: 45-1548790

Invoice

Service Billing

INVOICE #:

211214-0020

Page 1 of 1

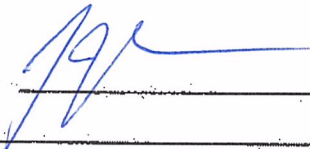
Bill To: 100533
 My Pharmacy and Optical
 808 Highway 378 Suite A
 Lexington, SC, 29072
 hamp@mypharmacyandoptical.com;
 tiffany@mypharmacyandoptical.com
 Kevin Hunter

Ship To: 100533
 My Pharmacy and Optical
 808 Highway 378 Suite A
 Lexington, SC, 29072
 hamp@mypharmacyandoptical.com;
 tiffany@mypharmacyandoptical.com
 Hamp
 Kevin Hunter

INVOICE DATE	PO NUMBER	PAYMENT TERMS	REQUEST DATE	SERVICE DATE	PM PERFORMED
12/14/2021		Net 10	12/3/2021	12/13/2021	No
Serial No:	MXBC15RGAE	Model No:	PRINTER/E52645dn	Description:	HP LaserJet Managed MFP E52645dn
Task ID:	0020942-1				
Description of Problem:	Miscellaneous-Hamp 803-756-3460 needs to have the printer set up to scan directly to a DHEC email; he said like faxing to them but to email. He gave me Unit ID 13071 (but ID's are not noted in MS.) Please let me know which one is correct. Thank you				
Work Performed:	Setup of equipment				
Invoice Line Items					
Description	Quantity	Price	Unit of Measure	Amount	

- COVID drive-thru printer.
- Service fee printer setting

Interested in 3D PRINTING? CONTACT SOSI
 Any open balance past 90 days will be assessed a 1.5% late fee.

Invoice Comments: Paid \$95.00 on 12/28/21 by VISA Approval code: 028431 (8879)	SUBTOTAL:	\$95.00
	DISCOUNT:	\$0.00
Customer Signature 	OTHER CHARGES:	\$0.00
	EXPENSES:	\$0.00
	TAX:	\$0.00
	TOTAL:	\$95.00

total: 95.00



Simplified Office Systems
 6220 Bush River Road
 Columbia, SC 29212
 Phone: 888-914-7476
 Fax: 803-569-1222
 Fed Tax ID: 45-1548790

Sales Invoice

INVOICE #:
210521-0022
 Type: Text
 Page 1 of 1

Bill To: 100533
 My Pharmacy and Optical
 808 Highway 378 Suite A
 Lexington, SC, 29072
 hamp@mypharmacyandoptical.com;
 tiffany@mypharmacyandoptical.com
 Kevin Hunter

Ship To: 100533
 My Pharmacy and Optical
 808 Highway 378 Suite A
 Lexington, SC, 29072
 hamp@mypharmacyandoptical.com;
 tiffany@mypharmacyandoptical.com
 Kevin Hunter

INVOICE DATE	CUST. ORDER #	PAYMENT TERMS	SALESPERSON	SHIPPED VIA		
05/21/2021		Net 10	Dave Gordon			
Invoice Line Items						
Description	Qty Shipped	Unit of Measurement	Unit Price	Amount		
Monthly Rental \$50/mo FOR: SAMSUNG M4080FX, #0980BJEG8000131P. Form January 2021 - May 2021	5	Each	\$50.00	\$250.00		
Monthly Rental \$50/mo FOR: HP M426DN, #PHBLL1SK41. Form January 2021 - May 2021	5	Each	\$50.00	\$250.00		
Monthly Rental \$50/mo FOR: HP M426DN, #PHBLL1SK7F. Form January 2021 - May 2021	5	Each	\$50.00	\$250.00		
CPC BILLING TO FOLLOW AT PICK-UP OF MACHINES	0	Each	\$0.00	\$0.00		
Tax Summary						
Lexington S				\$7.50		
ZSC State				\$45.00		

This invoice reflects the amount that was paid for printer rentals for COVID prior to us owning the printers. Bill was PAID in december. Rental fee for drive thru printers

Interested in 3D PRINTING? CONTACT SOS!
 Any open balance past 90 days will be assessed a 1.5% late fee.

Invoice Comments:	Emailed 8/16/2021	SUBTOTAL:	\$750.00
	Paid \$802.50 on 12/28/21 by VISA Approval code: 028431 (8879)	DISCOUNT:	\$0.00
Customer Signature 	<i>* PAID december 12/28/21</i>	OTHER CHARGES:	\$0.00
		TAX:	\$52.50
		TOTAL:	\$802.50

From: [Jessica Felder](#)
To: brent@mypharmacyandoptical.com; [Hamp Manning](#)
Subject: Receipt for Hampton Inn December 10th for Sun City, Bluffton clinic
Date: Saturday, December 11, 2021 8:34:52 AM

Sent from my iPhone

Begin forwarded message:

From: "Expedia.com" <Expedia@expediamail.com>
Date: December 9, 2021 at 4:27:08 PM EST
To: jdsanderson@yahoo.com
Subject: Expedia travel confirmation - Fri, Dec 10. - (Itinerary # 72211911955252)
Reply-To: r-364126281000010015302-c21343-01d40fec8ca9429d87cfd6d64102fdfa@mg.expediamail.com



Thank you, Jessica! Your booking is confirmed.

Itinerary # [72211911955252](#)

[View full itinerary](#)

[Download to your phone](#)



Travel update

Check COVID-19 restrictions.

[Find out more](#)



Traveler details

Adults, 3



Hampton Inn & Suites Bluffton-Sun City

<https://www.expedia.com/itin.h892592.Hotel-Information?langid=1033>



[29 William Pope Dr, Bluffton, SC, 29909-7501 United States of America](#)

Check-in

Fri, Dec 10

Check-in time starts at 4 PM

Check-out

Sat, Dec 11

11 AM

Free cancellation until December 9 at 11:59 PM (Eastern Standard Time (US & Canada))

Learn about this property's [cleaning and safety practices](#) before your trip begins.

Accommodation details

You booked **3 rooms**.

One king studio suite non smoking

[View special requests in your itinerary](#)

All special requests (such as in-room amenities, bed type, and smoking preference) are shared with the hotel, but requests are not guaranteed and may incur additional charges. We recommend you confirm them directly with the hotel before travel.

[Manage Booking](#)

Change, cancel, support.



Travel confidently with the Expedia app

Manage your plans and make trip updates on the fly - wherever the journey takes you. [Explore the app](#)

Price Summary

GSA Rate \$115.00

Tax rate =19.69/179= 11%

Accommodation 1	1 Night	\$115.00	\$198.69
1 night	Taxes (11%)	12.65	\$179.00
Taxes	Total per room	\$127.65	\$19.69
	Number of Rooms	3	
	Total	\$382.95	
Accommodation 2			\$198.69
1 night			\$179.00
Taxes			\$19.69
Accommodation 3			\$198.69
1 night			\$179.00
Taxes			\$19.69

Total

\$596.07

Collected by Expedia

Unless specified otherwise, rates are quoted in US dollars.

[View Receipt](#)

Important Information

Additional property fees

These fees and deposits only apply if they are not included in your selected room rate.

The price DOES NOT include any applicable hotel service fees, charges for optional incidentals (such as minibar snacks or telephone calls), or regulatory surcharges. The hotel will assess these fees, charges, and surcharges upon check-out.

Rules and restrictions

For rules and restrictions please view your [full itinerary](#).

Cancellations and changes

Cancellations or changes made after 11:59pm (Eastern Standard Time (US & Canada)) on Dec 9, 2021 or no-shows are subject to a property fee equal to 100% of the total amount paid for the reservation.

In the case of multiple rooms/units booked together, fees charged by the property apply to each room/unit that is canceled or changed.

We understand that sometimes plans fall through. We do not charge a cancel or change fee. When the property charges such fees in accordance with its own policies, the cost will be passed on to you. Hampton Inn & Suites Bluffton-Sun City charges the following cancellation and change fees.

Guest charges and accommodation capacity

Base rate is for 1 guest.

Total maximum number of guests per room/unit is 4.

Maximum number of adults per room/unit is 4.

Maximum number of children per room/unit is 3.

Maximum number of infants per room/unit is 3.

This property considers guests aged 17 and under, at time of travel, to be children.

Availability of accommodation in the same property for extra guests is not guaranteed.

Check-in policies

Check-in time starts at 4 PM

Check-in time ends at 2 AM

Special Instructions

Front desk staff will greet guests on arrival.

Due to COVID-19, this property's food and beverage options may be limited pursuant to local regulations.

Late arrival instructions

If a late check-in is planned, contact this property directly for their late check-in policy.

Get protection in case of last-minute cancellations or missed hotel nights.

Protect my hotel

Expires 24 hours after confirmation of hotel booking.

We're here to help

For special requests and questions about your reserved room or the property, contact Hampton Inn & Suites Bluffton-Sun City.

Tel: 1 (843) 705-9000, Fax: 1 (843) 705-9008

[Message property](#)

Itinerary #[72211911955252](#)

[Expedia customer support](#)

Get support anytime on the [Expedia app](#) with 24/7 access to virtual agents.

[Manage your itinerary](#)



Looking for something else?

- Free Cancellation on most rooms
- Flexibility for your next trip with the option to pay now or later

[SEE DEALS](#)

Download our FREE mobile app

[Expedia App](#)



[Expedia App](#)



[My Account](#) | [Privacy Statement](#) | [Customer Service](#)

You are receiving this transactional email based on a recent booking or account-related update on [Expedia.com](#).

Contact information: Expedia, Attn: EMC Team 1111 Expedia Group Way W., Seattle WA 98119. Expedia cannot receive replies to this email.

CST# 2029030-50

© 2021 Expedia, Inc. All rights reserved. Expedia, Expedia Rewards, VIP Access and the Airplane logos are registered trademarks, or trademarks, of Expedia, Inc. in the U.S. and/or other countries. All other products are trademarks of their respective owners.

[View this email in a web browser](#)

EMLCID=US.PT.EVENTTRIGGEREDMAILING.ENSURCHASECONFIRMATION.HOTEL&EMLDTL=DATE20211209-4ISSUX.SIDX.KEY9527
6053083.PAIDX.LANGEN_US.MCIDX.TEST20.VERSX.MIDS1-56517_2-121521_3-113775_4-134782_5-124276_6-138317_7-121763_8-1082
90

MCKESSON

Invoice

MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

Billing No.:	7314462194
Billing Date:	12/27/2021
PO#:	COVID122621
Mck Connect UserID:	n8ukd0k8
	00

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-76(b) and the discount safe harbor.

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR RETAIL	R X	UNIT PRICE	I D	EXTENDED AMOUNT	H M
----------	-------	----------	-----	----	------------------	---------------	-----	------------	-----	-----------------	-----

Sandoz-Enoxaparin Consumer/Patient Level Recall ENOXAP SOD INJ 40MG/.4ML SAN 10; NDC#00781324664; Econo#2349470; Consumers: Consumers should stop taking the recalled product, immediately consult with their physician to attain another prescription, and return the product to where originally purchased. Consumers should contact their physician or healthcare provider if they have experienced any problems that may be related to taking or using this drug product. Additional information available on Mckesson Connect.***P&G-Old Spice & Secret Consumer/Patient Level Recall*** OLD SPC A/P I/S PURE SPT 3.8Z; UPC#3700072974; Econo#3904000; OLD SPC A/P I/S SWAGGR 3.8Z; UPC#3700073034; Econo#3903994; OLD SPC H/E A/P AERO SPORT 6OZ; UPC#1204400191; Econo#2461473; SECRET A/P AERO PWD/FRSH 4OZ; UPC#3700071109; Econo#1980416; SECRET A/P AERO PWD/FRSH 6OZ; UPC#3700071108; Econo#1980150; SECRET A/P I/S CL WTR 3.8Z; UPC#3700072991; Econo#3903978; SECRET A/P I/S LUXE 3.8Z; UPC#3700072986; Econo#3903960; SECRET A/P I/S SPR BOHO 3.8Z; UPC#3700072992; Econo#3903952; Consumers: Consumers should stop using these specific aerosol products and appropriately discard them. Please follow your local disposal procedure for aerosol products. Information can be found through your local waste management services. For further questions regarding the recall, call P & G Consumer Care Team at 888-339-7689 between 9am-6pm EST Monday through Friday. Additional information on Mckesson Connect. ***Teligent-Lidocaine TS Consumer/Patient Recall*** LIDOCAINE HCLTOP SOL 4% SKY50ML; NDC#63739099764; Econo#1518976; Consumers: Consumers and patients should call 856-697-1441 and press * to reach the medical information call center Monday through Friday, 8am-5pm or send an email to Medical@teligent.com for any product questions and to receive reimbursement and return shipping info for these product lots. Consumers and patients should contact their physician or pharmacy for further medical advice. Additional information on Mckesson Connect.

091128-76776	154-0095	660698737	9	BX	GLOVE NTRL PF MD CNCHA BX100	15.59		8.25		74.25	
612479-12739	379-8238	660698737	6	BX	MK ADH STRIP IX3 REC 164811	3.99		1.64		9.84	
091128-76776	154-0095	660698737	15	BX	GLOVE NTRL PF MD CNCHA BX100	15.59		8.25		123.75	
091128-76777	154-0103	660698737	9	BX	GLOVE NTRL PF LG CNCHA BX100	15.59		8.25		74.25	
091128-76777	154-0103	660698737	9	BX	GLOVE NTRL PF LG CNCHA BX100	15.59		8.25		74.25	
091128-76777	154-0103	660698737	6	BX	GLOVE NTRL PF LG CNCHA BX100	15.59		8.25		49.50	
091128-76778	154-0210	660698737	12	BX	GLOVE NTRL PF XL CNCHA BX100	15.59		8.25		99.00	

MCKESSON

Invoice

DC:
MCKESSON CORPORATION DC#8148
2975 EVERGREEN DRIVE
DULUTH GA 30096

Phone: 855/625-7385
DEA: PR0040357

BILL TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

SHIP TO:
MY PHARMACY
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

DEA: FM9100582
PHCY: 19337
CTRL: 1019337

Billing No.:	7314462194
Billing Date:	12/27/2021
PO#:	COVID122621
Mck Connect UserID:	n8ukd0k8
	00

909811	M54	080	
Customer	Route	Stop	

NDC/UPC#	ITEM#	DEL DOC#	QTY	UM	ITEM DESCRIPTION	AWP OR R	RETAIL X	UNIT PRICE	I D	EXTENDED AMOUNT	H M
----------	-------	----------	-----	----	------------------	----------	----------	------------	-----	-----------------	-----

091128-76778	154-0210	660698737	12	BX	GLOVE NTRL PF XL CNCHA BX100 CONTAINER 2519971	15.59		8.25		99.00	
091128-76775	154-0087	660698737	9	BX	GLOVE NTRL PF SM CNCHA BX100 CONTAINER 2519972	15.59		8.25		74.25	
091128-76775	154-0087	660698737	9	BX	GLOVE NTRL PF SM CNCHA BX100 CONTAINER 2519973	15.59		8.25		74.25	
091128-76775	154-0087	660698737	6	BX	GLOVE NTRL PF SM CNCHA BX100 CASE ITEMS	15.59		8.25		49.50	
612479-12739	379-8238	660698737	24	BX	MK ADH STRIP IX3 REC 164811	3.99		1.64		39.36	

SUMMARY

TOTAL RX PURCHASES: \$0.00
TOTAL OTC PURCHASES: \$841.20
TOTAL CONTRACT PURCHASES: \$0.00
TOTAL NON CONTRACT PURCHASES: \$841.20

NET PAYABLE BY STATEMENT DATE 01/14/2022: \$841.20
GROSS PAYABLE AFTER STATEMENT DATE 01/14/2022: \$858.37

AWP is a benchmark published by MediSpan or supplied by manufacturers when it is unavailable through MediSpan. It is not an average, and does not reflect actual prices in sales transactions between wholesalers and their customers. AWP can change at any time and the AWP provided herein may not be current.

Lines 5 Cases 1 Pieces 126
This invoice is payable to CARR: MCK INITIATED ACH DEBIT AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
Claims must be made within 5 days and show date of invoice.