



Providers VAX Secure Invoice Upload

Tracking Number
347
 Date
4/27/2021

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-272 **Cherry Grove Drug LLC** **82-2311199** **8000038258**
 Contract Number (required) * Contractor Name * Tax ID * SCEIS Number

Jenna Dukes **Owner** **(843) 361-3784** **cherrygrovedrug@Gmail.com**
 Contact (Full Name) Title Phone EXT Contact EMAIL

1201 Sea Mountain Highway **North Myrtle Beach** **SC** **29582**
 * Address * STE # * City * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
001	8,910.00

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.

vaccineinvoice

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

Jenna Dukes
 4/27/2021 8:44:01 AM

\$8,910.00
 Invoice Total Yes No

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

ACC Testing Approval

Bonner, Melissa
 4/28/2021 9:13:03 AM

Budget and Finance Approval

Baker, Walter
 4/29/2021 8:31:31 AM

Approved Funding _____

Approved Invoices to Date _____

Available Funding

\$0.00

Payment Processing Instructions

5021310000 - \$8910.00 - J0402AZ998 - J040X01058580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
 5/3/2021 11:43:32 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

Inv. 001

Community Vaccination Event Information*

Provider Name: Cherry Grove Drug
COVID-19 Vaccine Pin Number: 978
Location Name: Cherry Grove Drug
Location Address (incl zip): 1201 Sea Mountain Highway
North Myrtle Beach, SC 29582
Date & Times: 3/16-17 10a-3p; 3/23-24 10a-3p; 3/30-31 10a-3p
Total # Vaccinations: 297
Eligible Vaccinations**: 297

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 Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$2,970
Administrative Staff	\$5	\$1,485
Vaccination Staff	\$15	\$4,455
Total Event Reimbursement Amount		\$8,910

Additional Cost Summary***:

Total additional cost:
Less other funding/reimbursement:
Net additional cost:

Total Request Amount: \$8,910

* 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.