



Providers VAX Secure Invoice Upload

Tracking Number
850
 Date
8/8/2021

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.

<u>OTH-VAX-599</u>	<u>Consultorio Medico Latino</u>	<u>84-4908457</u>	<u>7000283589</u>
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number
<u>William Morris</u>	<u>Manager</u>	<u>(843) 553-7744</u>	<u>w.cml2810@gmail.com</u>
Contact (Full Name)	Title	Phone EXT	Contact EMAIL
<u>2810 Ashley Phosphate Rd Suite B4</u>	<u>North Charleston</u>	<u>SC</u>	<u>29418</u>
* Address	* STE #	* City	* State * Zip

INVOICE NUMBER	INVOICE AMOUNT
<u>1</u>	<u>2,200.00</u>

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.

Covid-19 Reimbursement Request 08.08

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

William Morris
 8/8/2021 9:40:14 PM

\$2,200.00
 Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 8/12/2021 2:48:30 PM

Budget and Finance Approval

Samuels, Tierra B.
 8/16/2021 9:34:00 AM

Approved Funding _____

Approved Invoices to Date _____

Available Funding

\$0.00

Payment Processing Instructions

Full Amount \$2,200.00	31070000	Not Relevant	J0402AZ998
J040X01058580130	5021310000	98000018	

Accounts Payable Approval

Robinson, Sharon D.
 8/18/2021 10:12:08 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

Invoice 1

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
COVID-19 Vaccination Reimbursement Request																								
Community Vaccination Event Information*																								
4	Provider Name:	Consultorio Medico Latino																						
5	COVID-19 Vaccine Pin Number:	OTH-VAX-599																						
6	Location Name:	Consultorio Medico Latino																						
7	Location Address (incl zip):	2810 Ashley Phosphate Rd Suite B4 North Charleston, SC 29418																						
9	Date & Times:	05/21,05/24,06/04,06/11,06/18,06/25,07/02,07/09,07/16,07/23,07/30 9a																						
10	Total # Vaccinations:	110																						
11	Eligible Vaccinations**:	110																						
<p>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.</p>																								
Please select yes or no to the following questions to determine eligible reimbursement:																								
15	No	Did your organization provide event management, traffic control and logistics for this event?																						
16	Yes	Did your organization provide administrative staff for this event?																						
17	Yes	Did you organization provide vaccination staff for this event?																						
Reimbursement Calculator																								
21	Item	Rate	Eligible Event Reimbursement																					
22	Event Mgmt, Traffic, Logistics	\$10	\$0																					
23	Administrative Staff	\$5	\$550																					
24	Vaccination Staff	\$15	\$1,650																					
25	Total Event Reimbursement Amount		\$2,200																					
Additional Cost Summary***:																								
29	Total additional cost:																							
30	Less other funding/reimbursement:																							
31	Net additional cost:	\$0																						
Total Request Amount: \$2,200																								
* Community Vaccination Events may span multiple days as long as the event location remains the same. All dates should be specified.																								