



FQHC VAX Secure Invoice Upload

Tracking Number

2020633

Date

8/26/2021

Contract Information

RECEIVED 03/28/22
BFM AP

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>FQHC-VAX-172</u> Contract Number (required)	<u>Family Health Centers, Inc.</u> * Contractor Name	<u>57-0524498</u> * Tax ID	<u>7000026038</u> * SCEIS Number
<u>Angela Brown</u> Contact (Full Name)	<u>Asst. Controller</u> Title	<u>(803) 531-6961</u> Phone	<u>Angela.Brown@myfhc.org</u> Contact EMAIL
<u>P. O. Box 1806 3310 Magnolia Street, NE</u> * Address	<u>Orangeburg</u> * STE #	<u>SC</u> * State	<u>29115</u> * Zip

INVOICE NUMBER	INVOICE AMOUNT
<u>T2-070921V</u>	<u>50.00</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

Sent to AP on 09/8/21. Resubmitting for payment on 03/28/22.
Full Amount \$50.00
31070000- Not Relevant -J0402AZ998-
J040X01058580130 -5021310000 -98000018

Secure Document Upload

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

T2-070921V Invoice



9.2-21

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

Angela Brown
8/26/2021 12:15:04 PM

\$50.00
Invoice Total Yes No

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

ACC Testing Approval
ACC Testing Approval

Budget and Finance Approval
Budget and Finance Approval

Approved Funding \$432,450.00

Approved Invoices to Date _____

Available Funding \$432,450.00

Payment Processing Instructions

Accounts Payable Approval
Accounts Payable Approval

COVID-19 Vaccination Reimbursement Request

Community Vaccination Event Information*

Provider Name: FAMILY HEALTH CENTERS, INC.
 COVID-19 Vaccine Pin Number: 138050
 Location Name: SAINT MARK UNITED METHODIST CHURCH
 Location Address (incl zip): 8502 NORTH ROAD
NORTH, SC 29112
 Date & Times: 7/9/2021 - 8:30AM - 4PM
 Total # Vaccinations: 5
 Eligible Vaccinations**: 0

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	\$50
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$50

Additional Cost Summary***:

Total additional cost:
 Less other funding/reimbursement:
 Net additional cost: **\$0**

Total Request Amount: \$50

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



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