



FQHC VAX Secure Invoice Upload

Tracking Number
2020533

Date
8/13/2021

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.

FQHC-VAX-172
 Contract Number (required)

Family Health Centers, Inc.
 * Contractor Name

57-0524498
 * Tax ID

7000026038
 * SCEIS Number

Angela Brown
 Contact (Full Name)

ASST CONTROLLER
 Title

(803) 531-6961
 Phone

EXT
 EXT

Angela.Brown@myfhc.org
 Contact EMAIL

P. O. Box 1806 3310 Magnolia Street, NE
 * Address

Orangeburg
 * City

SC
 * State

29115
 * Zip

INVOICE NUMBER
T1-060121V

INVOICE AMOUNT
370.00

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.

T1-060121V INVOICE

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
 8/13/2021 12:04:23 PM

\$370.00
 Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 8/23/2021 7:23:32 AM

Budget and Finance Approval

Samuels, Tierra B.
 8/26/2021 6:11:07 PM

Approved Funding **\$432,450.00**

Approved Invoices to Date

Available Funding **\$432,450.00**

Payment Processing Instructions

Full Amount \$370.00 31070000 Not Relevant J0402AZ998
 J040X01058580130 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
 8/30/2021 9:00:06 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. T1-060121V

Community Vaccination Event Information*

Provider Name:	FAMILY HEALTH CENTERS, INC.
COVID-19 Vaccine Pin Number:	138050
Location Name:	ORANGEBURG CITY GYM
Location Address (incl zip):	410 BROUGHTON STREET ORANGEBURG, SC 29115
Date & Times:	6/1/2021 - 8:30AM - 4PM
Total # Vaccinations:	37
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	\$370
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$370

Additional Cost Summary***:

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

Total Request Amount: \$370

* 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.