



Providers VAX Secure Invoice Upload

Tracking Number

 Date

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-320</u> Contract Number (required)	<u>Health Force, LLC</u> * Contractor Name	<u>46-3434987</u> * Tax ID	<u>700008524</u> * SCEIS Number
<u>Valerie Aiken</u> Contact (Full Name)	<u>CEO</u> Title	<u>(803) 513-4889</u> Phone	<u>vaiken@HealthForceUs.com</u> Contact EMAIL
<u>1335 Elm Abode Terrace</u> * Address	<u></u> * STE #	<u>Columbia</u> * City	<u>SC 29210</u> * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
<u>93162</u>	<u>600.00</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.

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

Valerie Aiken
8/24/2021 12:31:15 PM

\$600.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
8/24/2021 1:52:05 PM

Budget and Finance Approval

Samuels, Tierra B.
8/27/2021 11:11:33 AM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

Per Vendor, the correct invoice number for this invoice is 93162. 73162 is a typo.

Full Amount \$600.00 31070000 Not Relevant
1040217008 1040Y01058580130 5021310000 08000018

Accounts Payable Approval

Robinson, Sharon D.
8/27/2021 11:14:24 AM

0040272330 004020100000100 0021010000 00000010

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. 93162

Community Vaccination Event Information*

Provider Name:	Health Force, LLC
COVID-19 Vaccine Pin Number:	940032
Location Name:	Wateree Action Council
Location Address (incl zip):	201 Columbia Mall Blvd., Suite 91 Columbia, S.C. 29223
Date & Times:	8/14/2021
Total # Vaccinations:	20
Eligible Vaccinations**:	20

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

<u>yes</u>	Did your organization provide event management, traffic control and logistics for this event?
<u>yes</u>	Did your organization provide administrative staff for this event?
<u>yes</u>	Did you organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$200
Administrative Staff	\$5	\$100
Vaccination Staff	\$15	\$300
Total Event Reimbursement Amount		\$600

Additional Cost Summary***:

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

Total Request Amount: \$600

* 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.

Fw: OTH-VAX-320 Health Force, LLC Invoice # 73162 \$ 600.00 Tracking # 911

Samuels, Tierra B. <SAMUELTB@dhec.sc.gov>

Fri 8/27/2021 11:13 AM

To: Robinson, Sharon D. <robinssd@dhec.sc.gov>
Cc: Bonner, Melissa <bonnerm@dhec.sc.gov>

Hey Sharon,

Please see the email below from the vendor regarding the correct invoice number for this request. Could you please attach this email when processing this invoice? Thanks

Thank you,

Tierra Samuels

Office of Budget and Financial Planning

S.C. Dept. of Health & Environmental Control

Office: (803) 898-5512

Fax: (803) 253-7637

Connect: www.scdhec.gov [Facebook](#) [Twitter](#)



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From: vaiken healthforceus.com <vaiken@healthforceus.com>

Sent: Friday, August 27, 2021 11:06 AM

To: Samuels, Tierra B. <SAMUELTB@dhec.sc.gov>

Subject: RE: OTH-VAX-320 Health Force, LLC Invoice # 73162 \$ 600.00

***** Caution. This is an EXTERNAL email. DO NOT open attachments or click links from unknown senders or unexpected email. *****

Tierra,

That was a typo, it should be 93162.

Thanks,

Valerie

From: Samuels, Tierra B. <SAMUELTB@dhec.sc.gov>


Sent: Friday, August 27, 2021 8:50 AM

To: vaiken healthforceus.com <vaiken@healthforceus.com>

Subject: OTH-VAX-320 Health Force, LLC Invoice # 73162 \$ 600.00

Hello Ms. Aiken,

I am reaching out to verify the invoice number on the invoice below. On the form, the invoice number is 73162. On the attachment, the invoice number is 93162. Could you please review the attached invoice and let me know which number is the correct invoice number? Thank you.



Providers VAX Secure Invoice Upload

Tracking Number
911
 Date
8/24/2021

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Valerie Aiken <small>Contact (Full Name)</small>	CEO <small>Title</small>	(803) 513-4889 <small>Phone</small>	vaiken@HealthForceUs.com <small>Contact EMAIL</small>
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INVOICE NUMBER	INVOICE AMOUNT
73162	600.00

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COVID-19 Vaccine Reimbursement Calculator

Secure Document Upload

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ADD

93162_Waterloo Action Council

REMOVE

VIEW

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](#)

Valerie Aiken
 8/24/2021
 12:31:15 PM

Approve v
Submit



Tierra Samuels
 Office of Budget and Financial Planning
S.C. Dept. of Health & Environmental Control
 Office: (803) 898-5512
 Fax: (803) 253-7637
 Connect: www.sodhec.gov [Facebook](#) [Twitter](#)



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