



# Providers VAX Secure Invoice Upload

Tracking Number

1793

Date

8/10/2022

Contract Information

ap rec 08/22/2022

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.

<b>OTH-VAX-576</b>	<b>M Holdings LLC DBA My Pharmacy</b>	<b>83-1454255</b>	<b>7000297256</b>
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number

<b>James Hampton Manning</b>	<b>Pharmacist, Owner</b>	<b>(803) 756-3460</b>	<b>hamp@mypharmacyandoptical.com</b>
Contact (Full Name)	Title	Phone EXT	Contact EMAIL

<b>808 Highway 378 Suite B</b>	<b>Lexington</b>	<b>SC</b>	<b>29072</b>
* Address	* STE #	* City	* State * Zip

<b>INVOICE NUMBER</b>	<b>INVOICE AMOUNT</b>
<b>60</b>	<b>6,912.44</b>

## 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.

Paid Receipts\_GF\_July 2022  
 My Pharmacy\_invoice 60\_expense explanations\_Broad River\_  
 COVID 19 Vaccine Reimbursement Calculator\_July\_2022\_Invoice #60\_BroadRiver.xlsx

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

*James Hampton Manning*  
 8/10/2022 5:05:30 PM

**\$6,912.44**

Invoice Total

Yes  
 No

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

COVID19 Coordination Office

*Lopez, Jessica N.*  
 8/16/2022 1:44:29 PM

Budget and Finance Approval

*Thames, Barbette Y.*  
 8/22/2022 12:48:38 PM

Approved Funding

Approved Invoices to Date

Available Funding

**\$0.00**

Payment Processing Instructions

Pay full amount \$6,912.44 31070000 Not Relevant J0402AZ998 J040X01058580130 5021310000 98000018

Accounts Payable Approval

*Cate, Vasa*  
 8/22/2022 4:19:51 PM

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

## Community Vaccination Event Information\*

Provider Name:	M Holdings DBA My Pharmacy
COVID-19 Vaccine Pin Number:	932016
Location Name:	My Pharmacy - Broad River Rd
Location Address (incl zip):	10057 Broad River Rd Columbia, SC 29209
Date & Times:	07/01/2022 - 07/31/2022
Total # Vaccinations:	169
Eligible Vaccinations**:	4

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.

## 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	\$1,690
Administrative Staff	\$5	\$20
Vaccination Staff	\$15	\$60
<b>Total Event Reimbursement Amount</b>		<b>\$1,770</b>

## Additional Cost Summary\*\*\*:

Total additional cost:	\$5,142.44
Less other funding/reimbursement:	
<b>Net additional cost:</b>	<b>\$5,142.44</b>

## Total Request Amount: \$6,912.44

\* 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.

Tent Rental	Rent	Mobile Storage	Electric	Internet	Other
1468.04	3000	318.6	102	72.98	91.18
					5.4
					84.24
					<b>180.82</b>

Tent Rental	1468.04
Rent	3000
Mobile Storage	318.6
Electric	102
Internet	72.98
Other	180.82
	<b>5142.44</b>

**My Pharmacy**  
**808 Hwy 378 Ste B**  
**Lexington, SC 29072**

## **Invoice # 60 Additional Expense Explanation**

Explanation of expenses for Covid 19 drive thru Immunization Clinic expenses from 7/1/2022-7/31/2022

**Off-Site Location: 100057 Broad River Rd Columbia, SC 29209**

### **General description:**

We have a two-lane drive thru Covid 19 immunization tent located in the side parking lot of East Lake Community Church. This is an off-site clinic we set up due to the need in the area for vaccines and Covid 19 testing. This clinic is currently ongoing. This clinic requires a lot of expenses that are specifically related to the tent and our workflow process for vaccinating the public. Due to the fact this site is not attached to a physical location we had to make arrangements to secure supplies, equipment, vaccine, etc. and set up a mobile office/storage unit to be able to effectively run and serve the patients in the surrounding areas. From 07/01/2022 thru 07/31/2022 we have immunized **169** patients.

This has benefited and continues to benefit South Carolina's COVID 19 vaccination effort due to our ease of access to the public, by taking walk-ins, advertising extensively to underserved populations, and providing access to key rural areas surrounding the midlands. We provide a high quality and very efficient process for patients to be vaccinated with convenient hours. Currently the clinic runs Monday thru Friday from 9am to 5pm and Saturday 9am to 1pm.

The below submitted costs are not being covered by any other funding source and have been fully paid for by our business. All other avenues were exhausted before using this fund.

### **Summary of Expenses:**

#### **1. Mobile Office:**

a. We have to have this unit on site to store our supplies, draw up doses and house freezer, fridge to store vaccines.

#### **2. Misc. Charges:**

a. There were a couple of purchases for IMZ supplies, waters and Gatorade for the staff.

#### **3. Space Rental**

a. To accommodate the tent, we have rented parking lot space in the East Lake Community Church parking lot.

#### **4. Electric and Internet:**

a. We must provide electricity and internet to run our Covid IMZ sites effectively and efficiently.

#### **5. Tent**

a. To accommodate the number of vaccines and traffic flow we had to create a two-lane drive thru process for vaccinating patients. Also, patients really like the convenience this provides, and it serves as a massive advertising to customers driving by.

Please let me know if additional information is needed on above.

Thank you,

**Hamp Manning, PharmD/Owner**

**Brent Munnerlyn, PharmD/Owner**



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](mailto:ACC-FinAdmin@dhec.sc.gov).

Sincerely,

Darbi C MacPhail, MHA  
Chief Finance and Operations Officer  
SC Department of Health and Environmental Control



**Carolina Tent & Event Rental, inc.**  
 4321 Catawba River Rd  
 Catawba, SC 29704  
 P: (803) 789-5733  
 tom@carolinatent.com  
 carolinatent.com

**Keanu Thompson**  
 (803) 554-2669  
 keanu@carolinatent.com

**PAYMENTS**  
 Invoice #22831506  
 Invoice Date Jul 29, 2022  
*COVID IMZ*

**Contact**  
 Brent Munnerylyn  
 brent@mypharmacyandoptical.com

**Event Information**  
 Munnerylyn - Columbia  
**Location / Venue**  
 Columbia, SC

Payments						
As of 12:38 PM on 7/29/2022						
ID	Method	Date	Status	Charged	Fees	Applied Amount
	<b>Credit Card</b>					
59796247	W/E: 5.17.2022 5.24.2022 5.31.2022 6.7.2022	5/12/2022 at 12:00 AM EDT	Charged	\$2,173.25	--	\$2,173.25
87778762	w/e: 6-14-2022 6-21-2022 6-28-2022 7-5-2022	7/4/2022 at 12:00 AM EDT	Charged	\$1,468.04	--	\$1,468.04
98457799	<b>Credit Card</b>	7/29/2022 at 12:00 AM EDT	Charged	\$1,468.04	--	\$1,468.04
<b>Totals</b>				<b>\$5,109.33</b>	<b>-\$0.00</b>	<b>\$5,109.33</b>

**Make checks payable to:**  
 Carolina Tent & Event Rental, inc.  
 4321 Catawba River Rd, Catawba, SC 29704  
 Memo: Invoice #228315063

Payment Summary	
Applied Payments	\$5,109.33
Refunds	-\$0.00
<b>Total Paid</b>	<b>\$5,109.33</b>

Balance	
Contract Total*	\$5,109.33
<b>Remaining Balance*</b>	<b>\$0.00</b>

\*Additional payment processing fees may apply

CAROLINA TENT & EVENT INC  
 4321 CATAWBA RIVER RD  
 CATAWBA, SC 29704  
 (803) 789-5733  
**SALE**  
 7/29/2022 12:37PM  
 Merchant ID: 0000004599  
 Term ID: 002  
 Subtotal \$1,468.04  
 Total \$1,468.04  
 Visa  
 MANUAL FIELD  
 VISA 0985  
 Approved Online  
 REFERENCE: 0303003  
 AUTH: 029922  
 Trans ID: 19  
 Invoice: 2022072913720  
 Response: CAPTURED  
 CREDIT Approved USD \$1,468.04  
 3-D SECURITY REQUIRED

*1468.04*

*Tent rental  
 broad  
 River  
 Rd*

*COVID  
 IMZ*



**East Lake  
Community Church**

COVID

IMZ

**East Lake Community Church  
10057 Broad River Road  
Irmo, SC 29063**

**Invoice 1007**

**M Holdings  
808 Hwy 378 Ste. B  
Lexington, SC 29072**

rent for  
Broad River  
location

**July Rent: \$3000.00**

**Thank you for your payment  
Check 1437 7/11/22**

**Sue Bennett  
Financial Assistant  
East Lake Community Church**

COVID  
IMZ





Carolina Mobile Storage, LLC  
 139 Jed Park Place  
 Summerville, SC 29486

COVID  
 IMZ

# Invoice

Date	Invoice#
7/7/2022	56251

**PAID**  
 07/07/2022

**Bill To**

My Pharmacy and Optical  
 Brent Munnerlyn  
 808 US Hwy 378  
 Lexington, SC 29072

**Ship To**

10057 Broad River Road  
 Irmo, S.C. 29063  
 Brent - - 803/261-8615

P.O. Number	Terms	Rep	Ship	Doors Toward
Brent	Net 30	PDT	7/7/2022	Doors to Rear

Quantity	Description	Price Each	Amount
1	Monthly rental of a 20' ground level office combo container - O20424	295.00	295.00T
	Rent Period 7/22/22 - 8/21/22		
	Sales Tax	8.00%	23.60

Mobile Office  
 Rental  
 IMZ Broad River

COVID  
 IMZ

<b>Total</b>			\$318.60
Phone #	Fax #	E-mail	<b>Balance Due</b> \$0.00
(843) 851-2661	(843) 851-2664	rick@carolinamobilestorage.com	



PO Box 669  
Lexington, SC 29071

COVID  
IMZ

<b>Account Number: 9300069841</b>		<b>Amount to Draft \$102.00</b>
Member: M HOLDINGS		
PREVIOUS BALANCE	\$98.00	
TOTAL PAYMENTS	\$98.00CR	
BALANCE FORWARD	\$0.00	
CURRENT MONTH CHARGES	\$102.00	

Office Hours: 8 a.m. to 5 p.m. Monday - Friday  
Telephone: (803) 749-6400 Toll-Free: (888) 813-8000  
Easy Pay: (803) 749-6500 or (888) 850-6770  
Visit us online at [www.mcecoop.com](http://www.mcecoop.com)

**DO NOT PAY - THE AMOUNT OWED WILL BE PAID AUTOMATICALLY ON OR AFTER 08/10/22**

**Messages from MCEC**

- The Summer On-Peak hours are 4-7 pm through October 31st.

4 3213

M HOLDINGS  
DBA MY PHARMACY  
808 HIGHWAY 378 STE B  
LEXINGTON SC 29072-8379



Meter Number	Previous Reading	Present Reading	Reading Dates	Energy Usage	On-Peak/Demand
87777554	7034	7478	06/19 to 07/18	444	1.728
Number of Days: 29					
Monthly Adjustment Factor: \$0.00493 kWh \$0.096 kW					
On-Peak Occurred: 07/12/2022 5:00 PM - 6:00 PM					
Average Cost Per Day: 3.52					

**Explanation of Current Charges  
Statement Date 07/21/22  
Usage Period 06/19/22 to 07/18/22**

Account Charge		\$40.60
Energy Charge	444 kWh@ 0.06293	\$27.94
On-Peak/Demand Charge	1.728 kW@ 14.846	\$25.66
S.C. State Tax		\$7.53
Operation Round Up		\$0.27
<b>CURRENT MONTH CHARGES</b>		<b>\$102.00</b>

Service Address: 10057 BROAD RIVER RD  
Service Description: OUTBLDG SIGN LTSS  
Location: 114-07-051  
Rate Schedule: Commercial Service  
Multiplier: 1.0

Electric —  
Broad River Rd

**PLEASE READ BACK OF BILL FOR OTHER IMPORTANT INFORMATION**

PLEASE DETACH BOTTOM PORTION AND RETURN WITH YOUR PAYMENT



9300069841000102000001020000000000

<b>Account Number: 9300069841</b>	<b>Amount to Draft \$102.00</b>
<b>Location: 114-07-051</b>	
<b>08/10/22</b>	

Statement Date: 07/21/22  
Account Name: M HOLDINGS  
Service Address: 10057 BROAD RIVER RD  
IRMO, SC 29063

Any remaining balance after 5:00 PM on the due date may be subject to a \$4.00 late payment charge.

MID-CAROLINA ELECTRIC COOPERATIVE INC  
PO BOX 669  
LEXINGTON, SC 29071-0669



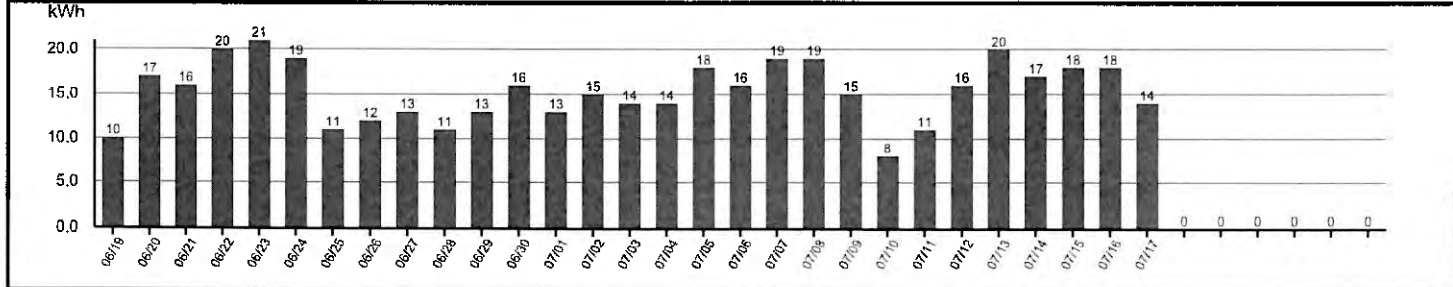
COVID  
IMZ

CHECK THIS BOX TO RECORD CHANGES ON BACK

Account Number	Account Name	Service Location	Statement Date
9300069841	M HOLDINGS	OUTBLDG SIGN LTSS 10057 BROAD RIVER RD	07/21/22

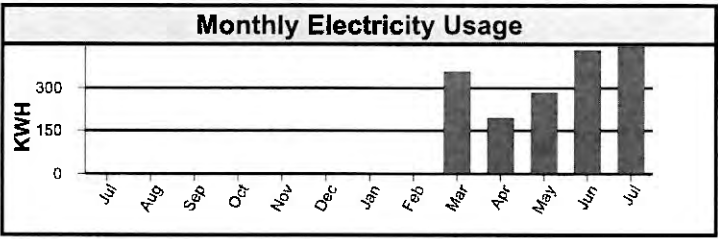
Billing Comparisons	Days	kWh Used	Average Temp	Avg kWh Per Day	On-Peak Use	Total Charges
Current Billing Month	29	444	81	15	1.728	102.00
Previous Billing Month	31	433	81	14	1.440	98.00
Same Month Last Year	29	0	0	0	0.000	0.00

**Energy Usage (kWh) by Day:**



**Temperatures**

<b>High</b>	88	91	94	101	98	91	90	92	85	82	81	89	82	92	94	94	93	95	96	94	91	84	82	85	81	87	90	92	92
<b>Low</b>	67	57	70	65	73	71	72	71	73	72	72	72	73	72	74	73	75	74	74	75	75	72	70	72	76	72	74	74	74



**TextPower from Mid-Carolina Electric Cooperative is the quickest way to report your power outage.**

**To register, text "MCEC" to 85700**

Once you have registered, our state-of-the-art outage management system lets you immediately report outages by texting "Out" to **85700**. You may also report an outage by calling (803) 749-6444 or (888) 813-7000.

**COMMENTS**

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**PHONE NUMBER USED TO IDENTIFY YOUR ACCOUNT WHEN REPORTING A POWER OUTAGE**

Present Number on File:

**CORRECT NUMBER:** \_\_\_\_\_

**MAILING ADDRESS CORRECTIONS**

Street or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ACCOUNT NUMBER: 9300069841**  
**ACCOUNT NAME: M HOLDINGS**

COVID IMZ

COVID IMZ

Your payment was APPROVED

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**Authorization Code:** 025354  
**Transaction ID:** 2832109  
**Processor Transaction ID:** 582206745017377  
**Transaction Date & Time:** Jul 25, 2022 4:41 PM  
**Total Payment Amount:** \$102.00

---

Account	Service	Amount
9300069841	MCEC	\$102.00
	<b>Total:</b>	<b>\$102.00</b>

Electric  
Broad River  
Rd

COVID IMZ

July 17, 2022  
Invoice Number: 0006200071722  
Account Number: 8349 20 002 0006200  
Security Code: 5726  
Service At: 10057 BROAD RIVER RD  
IRMO SC 29063-2362

COVID IMZ Auto Pay Notice

NEWS AND INFORMATION

Contact Us  
Visit us at [SpectrumBusiness.net](http://SpectrumBusiness.net)  
Or, call us at 1-866-519-1263

**Summary** Service from 07/17/22 through 08/16/22  
details on following pages

Previous Balance	72.98
Payments Received -Thank You!	-72.98
<b>Remaining Balance</b>	<b>\$0.00</b>
Spectrum Business™ Internet	72.98
Current Charges	\$72.98
<i>YOUR AUTO PAY WILL BE PROCESSED 08/03/22</i>	
<b>Total Due by Auto Pay</b>	<b>\$72.98</b>



Broad River  
Internet

Thank you for choosing Spectrum Business.  
We appreciate your prompt payment and value you as a customer.

**Auto Pay.** Thank you for signing up for auto pay. Please note your payment may be drafted and posted to your Spectrum Business account the day after your transaction is scheduled to be processed by your bank.

July 17, 2022

MY PHARMACY AND OPTICAL

Invoice Number: 0006200071722  
Account Number: 8349 20 002 0006200  
Service At: 10057 BROAD RIVER RD  
IRMO SC 29063-2362

**Total Due by Auto Pay \$72.98**



CHARTER COMMUNICATIONS  
PO BOX 6030  
CAROL STREAM IL 60197-6030



COVID IMZ

COVID  
IMZ



Invoice Number: MY PHARMACY AND OPTICAL  
Account Number: 0006200071722  
Security Code: 8349 20 002 0006200  
5726

Contact Us  
Visit us at [SpectrumBusiness.net](http://SpectrumBusiness.net)  
Or, call us at 1-866-519-1263

8349 2000 NO RP 17 07182022 NNNYNNNN 01 000009 0001

**Charge Details**

Previous Balance		72.98
Credit Card Payment	06/21	-72.98
<b>Remaining Balance</b>		<b>\$0.00</b>

Payments received after 07/17/22 will appear on your next bill.  
Service from 07/17/22 through 08/16/22

**Spectrum Business™ Internet**

Spectrum Business Internet	119.99
Promotional Discount	-55.00
Business WiFi	7.99
Security Suite	0.00
Domain Name	0.00
Vanity Email	0.00
	<b>\$72.98</b>
<b>Spectrum Business™ Internet Total</b>	<b>\$72.98</b>
<b>Current Charges</b>	<b>\$72.98</b>
<b>Total Due by Auto Pay</b>	<b>\$72.98</b>

**Billing Information**

**Tax and Fees** - This statement reflects the current taxes and fees for your area (including sales, excise, user taxes, etc.). These taxes and fees may change without notice. Visit [spectrum.net/taxesandfees](http://spectrum.net/taxesandfees) for more information.

**Spectrum Terms and Conditions of Service** - In accordance with the Spectrum Business Services Agreement, Spectrum services are billed on a monthly basis. Spectrum does not provide credits for monthly subscription services that are cancelled prior to the end of the current billing month.

**Terms & Conditions** - Spectrum's detailed standard terms and conditions for service are located at [spectrum.com/policies](http://spectrum.com/policies).

**Notice** - Nonpayment of any portion of your cable television, high-speed data, and/or Digital Phone service could result in disconnection of any of your Spectrum provided services.

**Authorization to Convert your Check to an Electronic Funds Transfer Debit** - If your check is returned, you expressly authorize your bank account to be electronically debited for the amount of the check plus any applicable fees. The use of a check for payment is your acknowledgment and acceptance of this policy and its terms and conditions.

**Past Due Fee / Late Fee Reminder** - A late fee will be assessed for past due charges for service.

**Complaint Procedures:** If you disagree with your charges, you need to register a complaint no later than 60 days after the due date on your bill statement.



Internet  
broad river

Local Spectrum Store: 280 Harbison Blvd., Suites A & B, Columbia SC 29212 Store Hours: Mon thru Sat - 10:00am to 8:00pm; Sun - 12:00pm to 5:00pm  
Visit [Spectrum.com/stores](http://Spectrum.com/stores) for store locations. For questions or concerns, visit [Spectrum.net/support](http://Spectrum.net/support)

**Sign up for Paperless Billing.**  
It's easy, convenient and secure.

For questions or concerns, please call 1-866-519-1263.

Get your statement as soon as it's available. Instead of receiving a paper bill through the mail, sign up for paperless billing.  
**It's easy** - enroll in paperless billing visit [SpectrumBusiness.net](http://SpectrumBusiness.net).  
**It's convenient** - you can access your statement through [SpectrumBusiness.net](http://SpectrumBusiness.net).  
**It's secure** - we deliver securely to your [SpectrumBusiness.net](http://SpectrumBusiness.net) account and only you can access through a secure sign-in process.

Each month, you'll receive a paperless e-bill that you pay online with your choice of payment options.



COVID  
IMZ



COVID IMZ

Thanks, your payment is submitted.

It may take up to 24 hours for your amount due to reflect this payment. You'll receive a payment status email shortly.

Payment Summary

Internet

Confirmation Number

0306192526

Payment Amount

\$72.98

Payment Method

Visa - 2985

Payment Date

July 25, 2022

<https://www.spectrumbusiness.net/billing/payment>

7-25-22

Broad River

COVID IMZ

Give us feedback @ survey.walmart.com  
Thank you! ID #:7RG9CS1K2KMM



803-781-7775 Mgr: WILLIAM  
1180 DUTCH FORK RD  
IRMO SC 29063

ST# 04440 OP# 009028 TE# 28 TR# 05535	
GATORADE 005200004339 F	6.98 R
GATORADE 005200004342 F	6.98 R
ST12.70 L BX 007314971783	5.98 X
RM TAL 2PK 007169117485	5.97 X
2-PACK RECT 007865239711	1.34 X
2-PACK RECT 007865239711	1.34 X
2-PACK RECT 007865239711	1.34 X
G2 GEL PENS 007283817463	9.88 X
STORAGE BOX 007314918438	4.98 X
STORAGE BOX 007314918438	4.98 X
STORAGE BOX 007314918438	4.98 X
STORAGE BOX 007314918438	4.98 X
16Z BDYARMR 085000994257 F	1.24 R
16Z BA 085817600213 F	1.24 R
16Z BDYARMR 085000994231 F	1.24 R
MS 50QT EL 697379301992	10.98 X
MS 50QT EL 697379301992	10.98 X
SUBTOTAL 85.41	
TAX 1 8.000 %	5.42
TAX 2 2.000 %	0.35
TOTAL 91.18	
VISA TEND 91.18	

VISA CREDIT \*\*\*\* \* 3318 I 1  
 APPROVAL # 011016  
 REF # 219200125939  
 TRANS ID - 582192500131600  
 VALIDATION - P2CQ  
 PAYMENT SERVICE - E  
 AID A0000000031010  
 AAC F23BEBE6142BD6BD  
 TERMINAL # SC010131

07/11/22 09:53:42  
 CHANGE DUE 0.00  
 # ITEMS SOLD 17  
 TC# 1470 4271 6148 4906 9060



Become a member today  
 Scan for 30-day free trial.

Low Prices You Can Trust. Every Day.  
 07/11/22 09:53:42  
 \*\*\*CUSTOMER COPY\*\*\*

Broad River

COVID IMZ

IMZ Supplies



Store# 2453 (803) 250-4502  
 1180 Dutch Fork Rd.  
 Ste A  
 Irmo SC 29063-6874

DESCRIPTION	QTY	PRICE	TOTAL
DRY ERASE SU LOCKER BTN	1	1.25	1.25
DRW DRG GRP 3.75X3 75 2CT ASTD	1	1.25	1.25
RECT SLOT BASKET	1	1.25	1.25
RECT SLOT BASKET	1	1.25	1.25
Sub Total			\$5.00
SALES TAX 2			\$0.05
SALES TAX			\$0.35
Total			\$5.40
VISA CREDIT			\$5.40
*****3318 Approved			
Purchase Chip			
Auth/Trace Number: 011414/348403			
Chip Card AID: A0000000031010			

NOW SHOP ON-LINE AT DOLLARTREE.COM

\*\*\*\*\*  
 \* We will gladly exchange any unopened item \*  
 \* with original receipt. We do not offer refunds. \*  
 \*\*\*\*\*  
 7166 02453 04 041 27349702 7/11/22 9:35  
 Sales Associate:Teri



IMZ Supplies

COVID IMZ



COVID IMZ

# Ballentine Baskets

DOLLAR GENERAL STORE #22593  
SAINT MATTHEWS, SC 803-456-2099

TL SM ULTRA BASKET 073149622808	30.00 S
6 @ 5.00	
TL DEEP ULTRA BASK 073149628800	48.00 S
6 @ 8.00	
SUBTOTAL	\$78.00
Tax1	\$6.24
<b>TOTAL SALE</b>	<b>\$84.24</b>
5418 CHIP	\$84.24

IMZ  
Supplies

Auth# 024736  
REF: 000000001844 AID: A0000000031010  
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