



# Providers VAX Secure Invoice Upload

Tracking Number

1901

Date

10/27/2022

## 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-576</u>	<u>M Holdings LLC DBA My Pharmacy</u>	<u>83-1454255</u>	<u>7000297256</u>
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number
<u>James Hampton Manning</u>	<u>Pharmacist, Owner</u>	<u>(803) 756-3460</u>	<u>hamp@mypharmacyandoptical.com</u>
Contact (Full Name)	Title	Phone EXT	Contact EMAIL
<u>808 Highway 378 Suite B</u>	<u>Lexington</u>	<u>SC</u>	<u>29072</u>
* Address	* STE #	* City	* State * Zip

<b>INVOICE NUMBER</b>	<b>INVOICE AMOUNT</b>
<u>78</u>	<u>6,673.35</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.

- M Holding Invoice #78 VAX administrations
- My Pharmacy\_invoice 78\_expense explanations\_Cola Mall\_Sept 2022.docx
- COVID 19 Vaccine Reimbursement Calculator\_Sept 2022\_Cola Mall\_Inv 78.xlsx (1)
- All Paid Receipts\_Cola Mall\_Sept 22\_Inv 78

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*  
10/27/2022 12:20:54 PM

\$6,673.35  
Invoice Total

Yes  
 No

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

COVID19 Coordination Office

*Lopez, Jessica N.*  
11/7/2022 3:31:29 PM

Budget and Finance Approval

*Thames, Barbette Y.*  
11/22/2022 11:14:12 AM

Approved Funding \_\_\_\_\_

Approved Invoices to Date \_\_\_\_\_



Available Funding \$0.00

Payment Processing Instructions

Pay full amount \$ 6,673.35 31070000 Not Relevant J0402AZ998  
J040X01058580130 5021310000 98000018  
Approved-11/7/2022-JNL  
For Invoice #78, "M Holding Invoice #78 VAX administrations" has all of the vax administered. The highlighted vax administrations are for

Accounts Payable Approval

*Cate, Vasa*  
11/28/2022 5:13:31 PM

of the vax administered. The highlighted vax administrations are for  

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 - Columbia Mall
Location Address (incl zip):	7121 Parklane Rd
	Columbia, SC 29223
Date & Times:	09/01/2022 - 9/30/2022
Total # Vaccinations:	243
Eligible Vaccinations**:	11

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	\$2,430
Administrative Staff	\$5	\$55
Vaccination Staff	\$15	\$165
<b>Total Event Reimbursement Amount</b>		<b>\$2,650</b>

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

Total additional cost:	\$4,023.35
Less other funding/reimbursement:	
Net additional cost:	<b>\$4,023.35</b>

## Total Request Amount: \$6,673.35

\* 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.

Rent	Tent Rental	Mobile Storage	Electric	Other
500	834.6	284.61	104.21	280.8
		530		42.55
		814.61		303
				206.6
				450
				432.92
				54.06
				1769.93

Rent	500
Tent Rental	834.6
Mobile Storage	814.61
Electric	104.21
Other	1769.93
	4023.35

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

## **Invoice # 78 Additional Expense Explanation**

Explanation of expenses for Covid 19 drive thru Immunization Clinic expenses from 9/1/2022 – 9/30/2022

**Off-Site Location: 7121 Parklane Rd Cola, SC 29223**

### **General description:**

We have a two-lane drive thru Covid 19 immunization tent located in the parking lot of 7121 Parklane Road. This is at the corner of O'Neil Court and Parklane Road. This is right outside of Columbia Mall. We felt like this area was in need of a Drive thru Clinic to offer Vaccines and Covid 19 testing. We were only set up for one week at this location in July and were able to serve 254 people with vaccines.

This clinic requires a lot of expenses that are specifically related to 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. We had to purchase a tent for this site, along with a mobile office.

This has benefited and continues to benefit South Carolina's COVID 19 vaccination effort due to our ease of access to the public,

### **Summary of Expenses:**

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

a. This unit is used to store all our supplies, draw up doses, house freezer and fridge to store vaccines.

#### **2. Tent Rental**

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.

#### **3. Electricity / Internet**

a. We must provide electricity and internet to our staff to be able to run a very successful and effective IMZ site. We had to have some additional work done due to having to have a temporary power pole placed in order to have power to the mobile office to house vaccines and all other supplies.

#### **4. Rent**

a. There will be a rental fee each month for the lease of this space. This space has been an essential location and we feel like it is in the best place to be able to reach all people in this community. This month's rent was only 501.00 due to them applying the deposit that we paid to Septembers rent.

**5. Other**

**a. We pay monthly rental fees for a portable restroom for our staff, so they do not have to leave the property. We also rent a water cooler and pay for water refills so that our staff always has full access to water to stay hydrated. We had to purchase a new IMZ refrigerator as the one we had was not cooling properly and it is very important to be sure all vaccines stay at the correct temperature.**

**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



# Transaction Ledger

COVID IMZ

09/01/2022 - 09/30/2022

As of 9/9/2022 11:02 am

## Columbia Place Mall SC LLC

9101 Alta Drive

Suite 1801 Las Vegas, NV 89145

(702)968-2474

## My Pharmacy

CC-20

Date	Reference	Type	Comment	Amount	Balance
9/1/2022		Rent Charge		\$1500.00	\$500.00
9/1/2022		Convenience Fee		\$1.00	\$501.00
9/1/2022	Auto Pay CHK	Payment Received	Paid By: Brent@mypharmacyandoptical.com.	\$(501.00)	\$0.00

COVID IMZ  
Columbia Mall

applied 1000<sup>00</sup> deposit  
paid 500<sup>00</sup>  
only for  
Sept. 2022

Will be \$1500<sup>00</sup> MONTHLY

COVID IMZ



COVID IMZ



Phone Number  
843-448-5016

2200 EXECUTIVE AVENUE  
MYRTLE BEACH, SC 29577

INVOICE NUMBER:	163646-Emailed
INVOICE DATE:	09/09/2022
TERMS:	COD
CONTRACT NUMBER:	18432
BILLING PERIOD:	08/13/2022 to 09/09/2022
ORDERED BY:	BRENT 803-261-8615
P.O. NUMBER:	
JOB NUMBER:	
SALESPERSON:	RP

CUSTOMER NUMBER - NAME - ADDRESS

4822

MY PHARMACY 808 US HWY 378 SUITE A LEXINGTON SC 29072
--

← **Rented to**

SITE NAME - ADDRESS

ONEIL CT & PARKLANE RD ONEIL CT & PARKLANE RD  COLUMBIA , SC
---

**Delivered to** →

# INVOICE

QTY	DESCRIPTION	PRICE	START-END BILLING	AMOUNT
1	40' OFF/STORAGE BOX-RENT UNITS: OSB4036F	\$ 268.50	08/26/2022 TO 09/09/2022	\$ 268.50
	SUB-TOTAL			\$ 268.50
	STATE/LOCAL TAX			\$ 16.11
	DUE THIS INVOICE			\$ 284.61
	CC CHARGE APPROVAL-V-014364			\$ 284.61
	AMOUNT DUE ON INVOICE			\$ 0.00

Mobile IMZ  
Storage rent

WE CHARGE A 3% FEE FOR ALL CARD TRANSACTIONS.  
DUE ON OR BEFORE 10/7/22. THANK YOU

COVID IMZ

COVID IMZ



Phone Number  
843-448-5016

2200 EXECUTIVE AVENUE  
MYRTLE BEACH, SC 29577

INVOICE NUMBER:	164841-Emailed
INVOICE DATE:	10/07/2022
TERMS:	COD
CONTRACT NUMBER:	18432
BILLING PERIOD:	09/10/2022 to 10/07/2022
ORDERED BY:	BRENT 803-261-8615
P.O. NUMBER:	
JOB NUMBER:	
SALESPERSON:	RP

CUSTOMER NUMBER - NAME - ADDRESS

4822

MY PHARMACY 808 US HWY 378 SUITE A LEXINGTON SC 29072
--

← **Rented to**

SITE NAME - ADDRESS

ONEIL CT & PARKLANE RD ONEIL CT & PARKLANE RD  COLUMBIA , SC
---

**Delivered to**



# INVOICE

QTY	DESCRIPTION	PRICE	START-END BILLING	AMOUNT
1	40' OFF/STORAGE BOX-RENT UNITS: OSB4036F	\$ 500.00	09/10/2022 TO 10/07/2022	\$ 500.00
	SUB-TOTAL			\$ 500.00
	SC SALES TAX			\$ 30.00
	DUE THIS INVOICE			\$ 530.00
	CC CHARGE APPROVAL-V-013390			\$ 530.00
	AMOUNT DUE ON INVOICE			\$ 0.00

Parklane Rd/Columbia Mall

COVID IMZ

location

COVID IMZ

SERVICE FOR  
CHRISTOPHER BRENT MUNNERLYN  
7121 PARKLANE RD COVID TENT  
COLUMBIA SC 29223-7651

COVID IMZ

ACCOUNT NUMBER  
2-2101-3293-9628

DATE DUE	AMOUNT DUE
Oct 4 2022	\$104.21

BUSINESS CUSTOMER SERVICE  
1-866-543-7234  
7am - 6pm, Monday - Friday

EMERGENCY SERVICE 1-888-333-4465  
24 HOURS A DAY  
Gas leaks, downed lines or power outages

SEPTEMBER STATEMENT GENERATED ON:  
Sep 14 2022

Dominion Energy South Carolina

DominionEnergySC.com

ACCOUNT SUMMARY

Beginning Account Balance	\$0.00
Current Charges	104.21
<b>Amount Due on 10/4/22 \$104.21</b>	

A late payment charge of 1.5% may be added to any balance remaining 25 days after billing.  
Any remaining balance after 5pm on 10/12/22 is subject to late payment charges.

SUMMARY OF CURRENT CHARGES

Electric Charges	\$104.21
<b>Total Current Charges</b>	<b>\$104.21</b>

CURRENT CHARGES

Electric Charges

RATE PLAN  
009 - General Service

METER READING  
Electric Meter read on 09/13/22 at 11:59 pm  
(Next scheduled read date on or about 10/11/22)

METER NO.	BILLING PERIOD	DAYS	CURRENT	PREVIOUS	CONSTANT	KWH	KW	KVA
003023851	08/18/22-09/13/22	26	587	0	1	587	0	0
Basic Facilities Charge								19.07
587 kWh								72.34
Renewable Energy Resources								5.91
Temporary Tax Credit								-0.83
State Sales Tax at 8.00 %								7.72
<b>Total Electric Charges</b>								<b>\$104.21</b>

Cola Mall electric

Posting Summary	SERVICE FOR	7121 PARKLANE RD COVID TENT			
	ACCOUNT NUMBER	STATEMENT DATE	AMOUNT DUE	DATE DUE	
	2-2101-3293-9628	9/14/22	\$104.21	10/4/22	

PLEASE KEEP THIS PORTION FOR YOUR RECORDS.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT, MAKING SURE THE RETURN ADDRESS SHOWS IN THE ENVELOPE WINDOW.

Dominion Energy  
South Carolina

00000002520 07 RG 257105931 E

CHRISTOPHER BRENT MUNNERLYN  
7121 PARKLANE RD COVID TENT  
COLUMBIA SC 29223-7651

PO Box 100255  
Columbia, SC 29202-3255

ACCOUNT NUMBER

**2-2101-3293-9628**

DATE DUE

**Oct 4 2022**

AMOUNT DUE

**\$104.21**

Please enter amount enclosed.

\$

Write account number on check.

COVID IMZ



2210132939628070000000000009220000010421

COVID

CUSTOMER SERVICE  
1-866-543-7234  
STATEMENT DATE  
Sep 14 2022

ACCOUNT NUMBER  
2-2101-3293-9628

DATE DUE	AMOUNT DUE
Oct 4 2022	\$104.21

IMZ

**Payment Options**

**By Mail:** Pay by check or money order in the enclosed envelope. Please do not mail cash.

**Online:** Visit DominionEnergySC.com to pay directly from your bank account or credit card.

**By Phone:** Call 1-800-450-9160, 24 hours a day, to pay using your credit card, debit card or directly from your bank account. There is a fee of \$3.50 per transaction that BillMatrix receives for providing this service. Additional limitations may apply.

**Authorized Payment Agencies:**

Visit an authorized payment location near you to pay in person. There is no fee associated with service at an authorized payment location.

WINDY MOUNTAIN, 518 BELTLINE BLVD,  
COLUMBIA SC 29205

ALL SC AND NC WALMARTS

**Unauthorized Payment Agencies:**

Additional payment centers may exist in your area that are not Dominion Energy authorized payment locations. While these unauthorized locations may accept your Dominion Energy payment, they will charge a fee for doing so, and your payment will be delayed in reaching us.

**Payment experience reported to credit agencies.** Dominion Energy reports payment experience of our commercial customers to Dun & Bradstreet and other similar agencies.

**Electronic check conversion.** When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

COVID IMZ



COVID IMZ

7121 PARKLANE RD COVID TENT ...3-9628

[Accounts](#)

[Make Payment](#)

[Report Outage](#)

# Thank You

[Home - My Account](#)

Your payment has been processed

Amount: **\$104.21**

Drawn from: **M Holdings \*\*\*\*\*2470**

Payment date: **Sep 22, 2022\***

Reference number: **265353643522**

\*Payments post to your account on your selected payment date, but may take an additional 5 business days to appear on bank records.



Never miss a payment.

[Set up automatic payments.](#)



Go paperless.

[Make life a little less cluttered.](#)

## Terms and Conditions

I, CHRISTOPHER BRENT MUNNERLYN, authorize Dominion Energy to electronically debit my account ending in 2470, maintained at FIRST CITIZENS for my bill payment. Under penalty of law, I certify that I own this account or have the owner's authorization for Dominion Energy to draft this account for payment. The amount of the ACH debit will be the amount of \$104.21. The ACH debit entry will be made to my account on 09/22/2022.

By clicking "Yes, I agree to the terms and conditions," you are consenting to the use of the electronic signature process and the electronic retention of this authorization.

If you believe you received this message in error, immediately call us at 1-800-251-7234.

Yes, I agree to the terms and conditions.

Accepted on September 22nd 2022 at 02:54 pm

COVID IMZ

COVID INF

Invoice



803-714-0058  
rob@hiimpactsigns.com

**BILL TO**  
My Pharmacy & Optical  
808 Hwy 378 Suite A  
Lexington, SC 29072

**SHIP TO**  
My Pharmacy & Optical  
Parklane Rd.  
Columbia, SC 29223

INVOICE #	DATE	TOTAL DUE	TERMS	ENCLOSED
20898	09/02/2022	\$280.80	Due on receipt	

ACTIVITY	QTY	RATE	AMOUNT
<b>6X10 Sign</b> 6X10 Monthly Sign Rental	1	150.00	150.00T
<b>4X8 Sign</b> 4X8 Monthly Sign Rental	1	110.00	110.00T
SUBTOTAL			260.00
TAX			20.80
TOTAL			280.80
BALANCE DUE			<b>\$280.80</b>

Signage for  
Cola Mall

COVID INF





COVID IMZ

Payment receipt

You paid \$280.80

to Hi-Impact Signs of SC llc on 10/3/2022

Invoice no.	20898
Invoice amount	\$280.80
Total	\$280.80

No additional transfer fees or taxes apply.

Status	Paid
Payment method	Credit Card
Authorization ID	MU0115126929

Thank you



803-714-0058  
rob@hiimpactsigns.com

Hi-Impact Signs of SC llc

+1 8037140058

hiimpactsigns.com | Rob@hiimpactsigns.com

1546 Wildwood Ln, Elgin, SC 29045

**Payment services brought by:**  
Intuit Payments Inc.  
2700 Coast Avenue, Mountain  
View, CA 94043  
Phone number 1-888-536-4801  
NMLS #1098819

For more information about Intuit  
Payments' money transmission  
licenses, please visit  
<https://www.intuit.com/legal/licenses/payment-licenses/>.

COVID IMZ

COVID IMZ

DELIVERY TICKET  
PRIMO  
Crystal Rock  
Crystal Springs  
Hinckley Springs  
Kentwood Springs  
Shenandoah Springs  
Sierra Springs  
Sparkletts  
800-4-Waters  
www.water.com

Customer# : 9599304  
Location# : 22786407  
My Pharmacy  
7121 PARKLANE RD  
COLUMBIA, SC 29223

Ticket# : 222717076014  
PO# :  
Date : 09/28/2022  
Route : 7076

Delivered Items	Qty	Price	Amount
CRYSTAL SPRINGS 5G PURIFIED WATER	2	7.49	14.98
5.0 GALLON BOTTLE	2	7.00	14.00
BLACK HOT & COLD COOLER	1	0.00	0.00
DELIVERY FEE	1	11.45	11.45
5.0 GALLON BOTTLE	0	0.00	0.00

(2Bottles Delivered - 0Bottles Returned = 2Bottle Deposits)

Subtotal Sales

Sales Tax

Delivery Ticket Total

Payment Total

40.43

2.12

42.55

0.00

COVID  
IMZ

COVID IMZ

[tiffany@mypharmacyandoptical.com](mailto:tiffany@mypharmacyandoptical.com)

**From:** Customer Care <CustomerCare@wateremail.com>  
**Sent:** Friday, September 30, 2022 12:28 PM  
**To:** TIFFANY@MYPHARMACYANDOPTICAL.COM  
**Subject:** Your Crystal Springs payment is in process.

[View in Browser](#)



Log in



Hello,

receipt for  
water

Thanks so much for your payment of **\$158.91** today.

Payment confirmation number: **030147**

part of  
42.95

Your payment should be processed within two business days of this confirmation email.

COVID  
IMZ

COVID IMZ

Lake Murray Electric, Inc.  
P.O Box 639  
Chapin, SC 29036  
Phone (803) 345-8703

August 11, 2022

My Pharmacy & Optical  
7121 Parklane Rd  
Columbia, SC 29223  
ATTN: Brent Munnerlyn or Hamp Manning

We are submitting an estimate for an electrical temp pole at 7121 Parklane Rd in Columbia for a cost of \$250 plus the cost of the permit fee.

If you have any questions, please let me know. Estimate is valid for 30 days.

Signed: [Signature]

For Lake Murray Electric, Inc.

Date: 8/11/22

Signed: [Signature]  
My Pharmacy & Optical

Date: 08/11/22

Just FYI

Receipt to follow

COVID IMZ

COVID IMZ

DATE	INVOICE NO.	DESCRIPTION	TOTAL CHARGES	CREDITS	BALANCE	YOUR OLD BALANCE	NAME
9/13/22	83739	Temp pole	303.00		303.00		My Pharmacy

INVOICE

▲ BALANCE DUE ON YOUR ACCOUNT

PLEASE PAY FROM THIS INVOICE  
NO OTHER STATEMENT WILL BE SENT

Lake Murray Electric, Inc.  
 P. O. Box 639  
 Chapin, S. C. 29036  
 (803) 345-8703

SOLD TO:  
 My Pharmacy and Optical  
 7121 Parklane Rd  
 Columbia, SC 29223

SHIPPED TO:

DATE	DATE SHIPPED	SHIPPED VIA	YOUR ORDER NO.	CUSTOMER P.O. #	TERMS
QUANTITY	DESCRIPTION			UNIT PRICE	AMOUNT
	Temp pole fee				280.00
	Electrical Permit + fee				53.00
				SALES TAX	
				TOTAL THIS INVOICE	303.00

INVOICE NO.

83739

WE APPRECIATE YOUR BUSINESS

Temp pole  
 for  
 electric  
 Parklane  
 Rd

COVID IMZ

# BARNHILL'S SERVICES INC

1022 TWO NOTCH ROAD  
LEXINGTON, SC, 29073

Ph: 803-753-7077 X2

Email: daralyn@barnhillsservices.com

COVID IMZ

## INVOICE

Billing Address	Customer # MYPHARMACY
MY PHARMACY AND OPTICAL 808 US-378 SUITE A LEXINGTON, SOUTH CAROLINA, 29072	

Service Address	Site #14008
MY PHARMACY AND OPTICAL 7121 PARKLANE ROAD COLUMBIA, SOUTH CAROLINA, 29223	

Phone: 8034464962

Contact: TIFFANY MOORE

Phone: 803-446-4962

Contact: Tiffany Moore

Cust #	Date	Terms	Invoice P.O.#	Invoice #
MYPHARMACY	08/29/2022	DOR		79036

#	Description	WO #	Rate	Qty	Amt	Sur.	Tax	Tax%	Total
1.	HANDWASHING STATION RENT MONTHLY Service = 1W SN# HW105 Charge Date: 08/29/2022 Start Date: 08/24/2022 End Date: 09/20/2022	-	10.00	1.00	10.00	0.00	0.80	8.00%	10.80
2.	HANDWASHING STATION SERVICE MONTHLY SN# HW105 Charge Date: 08/29/2022 Start Date: 08/24/2022 End Date: 09/20/2022	-	115.00	1.00	115.00	0.00	- Exempt -	- Exempt -	115.00
3.	PORTABLE RESTROOM RENT MONTHLY Service = 1W SN# 2034 Charge Date: 08/29/2022 Start Date: 08/24/2022 End Date: 09/20/2022	-	10.00	1.00	10.00	0.00	0.80	8.00%	10.80
4.	PORTABLE RESTROOM SERVICE MONTHLY SN# 2034 Charge Date: 08/29/2022 Start Date: 08/24/2022 End Date: 09/20/2022	-	70.00	1.00	70.00	0.00	- Exempt -	- Exempt -	70.00
<b>Total:</b>					<b>205.00</b>	<b>0.00</b>	<b>1.60</b>		<b>206.60</b>

portable  
restroom / Parklane

COVID IMZ

**Payment History**

COVID IMZ

#	Date	Method	Note	Amount		
1	2022-08-30	CC	LAST 4 DIGITS: XXXX2985 *	206.60		
<b>Statement as of 08/30/2022</b>		<b>Current: 0.00</b>	<b>30 Day: 0.00</b>	<b>60 Day: 0.00</b>	<b>90 Day: 0.00</b>	<b>Total Due: 0.00</b>

Please detach here and return the bottom portion with your payment.

Div: B    Cust #: MYPHARMACY    Site #: 14008    Invoice #: 79036

**From** MY PHARMACY AND OPTICAL  
808 US-378 SUITE A  
LEXINGTON , SOUTH CAROLINA, 29072

<b>Invoice #</b>	<b>79036</b>
Total Pre-Tax	205.00
Total Tax	1.60
Total	206.60
Paid Amt	206.60
<b>Balance</b>	<b>0.00</b>
Previous Balance	0.00
<b>Total Due</b>	<b>0.00</b>

**To** BARNHILL'S SERVICES INC  
1022 TWO NOTCH ROAD  
LEXINGTON, SC, 29073

COVID IMZ

COVID IMZ

tiffany@mypharmacyandoptical.com

**From:** Auto-Receipt <noreply@mail.authorize.net>  
**Sent:** Tuesday, August 30, 2022 3:58 PM  
**To:** JH MANNING  
**Subject:** Transaction Receipt from Barnhills Pumping and Port-A-John for \$206.60 (USD)

Order Information

Description: Goods or Services  
Invoice Number 79036  
Customer ID 12541

**Billing Information**  
JH MANNING  
MY PHARMACY AND OPTICAL  
808 US 378 SUITE A  
LEXINGTON, SC 29072  
TIFFANY@MYPHARMACYANDOPTICAL.COM  
8036746116

**Shipping Information**

**Total: \$206.60 (USD)**

Payment Information

Date/Time: 30-Aug-2022 12:57:30 PDT  
Transaction ID: 63902944534  
Payment Method: Visa xxxx2985  
Transaction Type: Purchase  
Auth Code: 030457

Merchant Contact Information

Barnhills Pumping and Port-A-John  
LEXINGTON, SC 29073  
US  
daralyn@barnhillsservices.com

Portable  
restroom

Sept

COVID IMZ



JOHNSON'S GARBAGE SERVICE, INC.  
 3631 OSCAR STREET  
 COLUMBIA, SC 29204-1636

COVID IMZ

	Invoice #
10/12/2022	2659

<b>Bill To</b>
MY PHARMACY - PARKLANE TIFFANY MOORE 808 HWY. 378, STE. B LEXINGTON, SC 29072

<b>Location</b>
MY PHARMACY - PARKLANE TIFFANY MOORE 808 HWY. 378, STE. B LEXINGTON, SC 29072

<b>Delivery Date</b>	<b>Terms</b>
10/12/2022	Due Upon Receipt

Quantity	Account #	Description	Price Each	Line Total
3	516	Monthly Garbage Service August, September and October  Trash Service Cold Mail	150.00	450.00
<b>Total</b>				<b>\$450.00</b>

Make all checks payable to  
 Johnson's Garbage  
 Services, Inc.  
 Thank you for your  
 business!

Johnson's Garbage Services, Inc.  
 Post Office Box 8131  
 Columbia, SC 29202  
 (803) 754-5537  
 (803) 754-8886 (Fax)  
 email:  
 johnsonsgarbage@aol.com

COVID  
 IMZ

Paid via  
 Check  
 # 1033 10/25 MW

Columbia Mall COVID IMZ

New fridge Parklane IMZ

Give us feedback @ survey.walmart.com  
Thank you! ID #: 7RGZQNRZ7ZV



803-782-0323 Mgr: CHAD  
5420 FOREST DR  
COLUMBIA SC 29206

ST# 02214 OP# 009046 TE# 46 TR# 02396  
GV .5L WATER 007874227909 F 5.36 R  
GV .5L WATER 007874227909 F 5.36 R  
GATORADE 005200004342 F 6.98 R  
GAT18PK CVP 005200012324 F 10.28 R  
GAT18PK CVP 005200012324 F 10.28 R  
BOUNTY SAS 003700049073 8.37 X  
POP ICE 100 007239276100 F 5.88 R

SUBTOTAL 52.51  
TAX 1 8.000 % 0.67  
TAX 2 2.000 % 0.88  
TOTAL 54.06  
VISA TEND 54.06

VISA CREDIT \*\*\*\*\*0060-1 1  
APPROVAL # 016143  
REF # 1042000314  
TRANS ID - 582259561757245  
VALIDATION - SELX  
PAYMENT SERVICE - E  
AID A0000000031010  
AAC 537CE31DDB5B43A2  
TERMINAL # SC010731

09/16/22 11:35:24  
CHANGE DUE 0.00  
# ITEMS SOLD 7

IC# 7493 1493 1155 1702 7151



Walmart+  
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Scan for free 30-day trial

09/16/22 11:35:24  
\*\*\*CUSTOMER COPY\*\*\*



LOWE'S HOME CENTERS, LLC  
390 HARRISON BLVD.  
COLUMBIA, SC 29212 (803) 749-1272

- SALE -

SALES#: FSTLAN09 13 TRANS#: 30250435 09-15-22

2131370 MAXXIMUM 5.2CF BI MINI FR 399.00  
59993 S.C. SOLID WASTE DISPOSAL 2.00

SUBTOTAL: 401.00  
TAX: 31.92  
INVOICE 43005 TOTAL: 432.92  
VISA: 432.92

VISA: XXXXXXXXXXXX0060 AMOUNT:432.92 AUTHCD: 015126

CHIP REFID:030543005398 09/15/22 10:00:38

CUSTOMER CODE: BROAD RIVER C

TVR: 8080008000

AID: A0000000031010 TSI: 6800

STORE: 385 TERMINAL: 43 09/15/22 10:00:35

# OF ITEMS PURCHASED: 2  
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



# Supplies

New fridge for IMZ

COVID IMZ