



Providers VAX Secure Invoice Upload

Tracking Number

1906

Date

10/28/2022

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>(843) 845-7905</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

INVOICE NUMBER	INVOICE AMOUNT
<u>80</u>	<u>5,655.01</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.

My Pharmacy_invoice 80_expense explanations_Hartsville_Sept 2022.docx
 COVID 19 Vaccine Reimbursement Calculator_September_2022_Invoice #80_Hartsville.xlsx
 All Paid Receipts_Sept 2022_Inv 80

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
10/28/2022 4:35:01 PM

\$5,655.01
Invoice Total

Yes
 No

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

COVID19 Coordination Office
Lopez, Jessica N.
11/1/2022 3:55:08 PM

Budget and Finance Approval
Thames, Barbette Y.
11/7/2022 1:02:29 PM

Approved Funding _____
Approved Invoices to Date _____
Available Funding \$0.00

Payment Processing Instructions

Pay full amount \$5,655.01 31070000 Not Relevant J0402AZ998
J040X01058580130 5021310000 98000018
Please note that the total number of vaccines administered is located on the reimbursement form. I checked the math and the total number of vaccines administered (14 eligible vaccines) equal the amount

Accounts Payable Approval

Cate, Vasa
11/7/2022 4:51:48 PM

COVID-19 Vaccination Reimbursement Request

Community Vaccination Event Information*

Provider Name:	<u>M Holdings DBA My Pharmacy</u>
COVID-19 Vaccine Pin Number:	<u>932016</u>
Location Name:	<u>My Pharmacy - North Main Street</u>
Location Address (incl zip):	<u>6015 N Main Street</u> <u>Columbia, SC 29203</u>
Date & Times:	<u>09/01/2022 - 9/30/2022</u>
Total # Vaccinations:	<u>189</u>
Eligible Vaccinations**:	<u>14</u>

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	\$1,890
Administrative Staff	\$5	\$70
Vaccination Staff	\$15	\$210
Total Event Reimbursement Amount		\$2,170

Additional Cost Summary***:

Total additional cost:	\$3,485.01
Less other funding/reimbursement:	
Net additional cost:	\$3,485.01

Total Request Amount: \$5,655.01

* 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.

of vaccines administered (14 eligible vaccines) equal the amount

If rejecting this form for any reason please provide a brief note to the agency. It will be included in the rejection email notification

Rent	Tent Rental	Mobile Storage	Electric	Internet	Other
500	834.6	1420.4	109.88	171.98	11.75
		436.4			
		1856.8			

Rent	500
Tent Rental	834.6
Mobile Storage	1856.8
Electric	109.88
Internet	171.98
Other	11.75
	3485.01

My Pharmacy

808 Hwy 378 Ste B

Lexington, SC 29072

Invoice # 80 Additional Expense Explanation

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

Off-Site Location: 842 South 5th Street Hartsville, SC 29550

General description:

We have a two-lane drive thru Covid 19 immunization tent located in the front parking lot of Piggly Wiggly . This is an off-site clinic we set up due to the need in the area for vaccines and Covid 19 testing and offering all available vaccines to the community. 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. Between 9/1/2022 – 9/30/2022, we were able to vaccinate 203 people.

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. 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.

There were multiple supply purchases for this site due to it being a brand-new site. We had to purchase all supplies brand new to

Summary of Expenses:

1. Tent Rental:

a. We have a two lane white tent at this location, just like the rest of our locations.

2. Electric and Internet

a. We must provide electricity and internet to be sure that our site is able to run effectively and efficiently.

3. Mobile Office:

a. We had to rent and have this unit delivered to store our supplies, draw up doses and house freezer, fridge to store vaccines.

4. Lease/Rent:

a. We are having to lease the drive thru space from the property owner. The invoice for rent included the month of August.

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.

Sincerely,

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

COVID IMZ

Randy Witherspoon
2124 McLaurin Drive
Florence, SC 29501

INVOICE

Date: 9/1/2022
INVOICE # 100

To

My Pharmacy
808 Hwy 378
Suite B
803-756-3460

September

Description	Monthly Rent
September Rent Piggly Wiggly Parking Lot 842 S Fifth Street Hartsville, SC 29550	500.00

Make all checks payable to Randy Witherspoon
Thank you for your business!

Hartsville IMZ
Site Monthly
Rent

COVID IMZ



Carolina Tent & Event Rental, inc.
 4321 Catawba River Rd
 Catawba, SC 29704
 P: (803) 789-7165
 tom@carolinatent.com
 carolinatent.com

Terrie Steele
 (803) 789-7165
 terrie@carolinatent.com

*COVID
 IMZ*

PAYMENTS

Invoice #228480053
 Invoice Date Oct 01, 2022

Contact
 Brent Munneryn
 brent@mypharmacyandoptical.com

Event Information
 Munneryn - Hartsville

Location / Venue
 Hartsville sc, Hartsville, SC

Payments							As of 1:47 PM on 10/1/2022
ID	Method	Date	Status	Charged	Fees	Applied Amount	
Credit Card							
First week ending							
306336226	8.24.2022 And next week ending 8.31.2022	8/17/2022 at 12:00 AM EDT	Charged	\$1,116.97	-	\$1,116.97	
Credit Card							
w/e: 9.7.2022							
329090027	9.14.2022 9.21.2022 9.28.2022	10/1/2022 at 12:00 AM EDT	Charged	\$834.60	-	\$834.60	
Totals				\$1,951.57	-\$0.00	\$1,951.57	

Make checks payable to:
 Carolina Tent & Event Rental, inc.
 4321 Catawba River Rd, Catawba, SC 29704
 Memo: Invoice #228480053

Payment Summary	
Applied Payments	\$1,951.57
Refunds	-\$0.00
Total Paid	\$1,951.57

Balance	
Contract Total*	\$1,951.57
Remaining Balance*	\$0.00

*Additional payment processing fees may apply

CAROLINA TENT & EVENT INC
 4321 CATAWBA RIVER RD
 CATAWBA, SC 29704
 8037897165

SALE
 10/1/22 1:22PM
 Merchant ID: 1509
 Term ID: 002
 Subtotal: \$834.60
 Total: (USD) \$834.60
 Visa
 MADDAL
 VISA 42985
 KEYED

Approved Online

REFERENCE # 86000002
 AUTH: 002106
 Trans ID: 67
 m: 162011022131254
 Resp: 0001 CAPTURED

834.60

*Tent rental
 Hartsville IMZ*

CREDIT
 Approved USD \$834.60

SIGNATURE REQUIRED

MERCHANT COPY

COVID IMZ

COVID IMZ



Phone Number
843-448-5016

2200 EXECUTIVE AVENUE
MYRTLE BEACH, SC 29577

INVOICE NUMBER:	162972-Emailed
INVOICE DATE:	09/08/2022
TERMS:	NET 30 DAYS
CONTRACT NUMBER:	18488
BILLING PERIOD:	08/13/2022 to 09/09/2022
ORDERED BY:	BRENT 803-261-8615
P.O. NUMBER:	
JOB NUMBER:	
SALESPERSON:	AE

CUSTOMER NUMBER - NAME - ADDRESS

4822

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

← **Rented to**

SITE NAME - ADDRESS

Delivered to



PIGGLY WIGGLY 842 S 5TH ST 842 S 5TH ST HARTSVILLE , SC
--

INVOICE

QTY	DESCRIPTION	PRICE	START-END BILLING	AMOUNT
1	40' OFF/STORAGE BOX-RENT UNITS: OSB4038F	\$ 500.00	08/18/2022 TO 09/14/2022	\$ 500.00
	DELIVERY CHARGE			\$ 420.00
	PICKUP CHARGE			\$ 420.00
	SUB-TOTAL			\$ 1,340.00
	STATE/LOCAL TAX			\$ 80.40
	DUE THIS INVOICE			\$ 1,420.40
	CC CHARGE APPROVAL-V-009994			\$ 1,420.40
	AMOUNT DUE ON INVOICE			\$ 0.00

Mobile Storage

WE CHARGE A 3% TRANSACTION FEE ON ALL CARDS.
THANK YOU.

COVID IMZ

COVID IMZ



Phone Number
843-448-5016

2200 EXECUTIVE AVENUE
MYRTLE BEACH, SC 29577

INVOICE NUMBER:	164842-Emailed
INVOICE DATE:	10/07/2022
TERMS:	NET 30 DAYS
CONTRACT NUMBER:	18488
BILLING PERIOD:	09/10/2022 to 10/07/2022
ORDERED BY:	BRENT 803-261-8615
P.O. NUMBER:	
JOB NUMBER:	
SALESPERSON:	AE

CUSTOMER NUMBER - NAME - ADDRESS

4822

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

← **Rented to**

SITE NAME - ADDRESS

Delivered to



PIGGLY WIGGLY 842 S 5TH ST 842 S 5TH ST HARTSVILLE , SC
--

INVOICE

QTY	DESCRIPTION	PRICE	START-END BILLING	AMOUNT
1	40' OFF/STORAGE BOX-RENT UNITS: OSB4038F	\$ 411.70	09/15/2022 TO 10/07/2022	\$ 411.70
SUB-TOTAL				\$ 411.70
SC SALES TAX				\$ 24.70
DUE THIS INVOICE				\$ 436.40
CC CHARGE APPROVAL-V-013390				\$ 436.40
AMOUNT DUE ON INVOICE				\$ 0.00

Hartsville IMZ
location

COVID IMZ



duke-energy.com
866.582.6345

COVID IMZ

We're here for you

Report an emergency

Electric outage duke-energy.com/outages
800.419.6356

Convenient ways to pay your bill

Online duke-energy.com/billing
Automatically from your bank account duke-energy.com/automatic-draft
Speedpay duke-energy.com/pay-now
800.452.2777
By mail payable to Duke Energy P.O. Box 1094
Charlotte, NC 28201-1094
In person duke-energy.com/location

Help managing your account (not applicable for all customers)

Register for free paperless billing duke-energy.com/paperless
Home duke-energy.com/manage-home
Business duke-energy.com/manage-bus

General questions or concerns

Online duke-energy.com
Home: Mon - Fri (7 a.m. to 7 p.m.) 800.452.2777
Business: Mon - Fri (7 a.m. to 6 p.m.) 866.582.6345
For hearing impaired TDD/TTY 800.676.3777 or 711
International 1.407.629.1010

Check utility rates

Check rates and charges duke-energy.com/rates

Correspond with Duke Energy Progress (not for payment)

P.O. Box 1771
Raleigh, NC 27602

Important to know

Your next meter reading: Oct 17

Make sure we can safely access your meter. Don't worry if your digital meter flashes eights from time to time. That's a normal part of the energy measuring process.

Your electric service may be disconnected if your payment is past due

If payment for your electric service is past due, we may begin disconnection procedures. If your service is disconnected because of a missed payment, you must pay your past-due balance in full, plus a reconnection fee, before your service will be reconnected. The reconnection fee is \$19.00. A security deposit may also be required.

Electric service does not depend on payment for other products or services

Non-payment for non-regulated products or services (such as surge protection or equipment service contracts) may result in removal from the program but will not result in disconnection of electric service.

When you pay by check

We may process the payment as a regular check or convert it into a one-time electronic check payment.

Late payment charges

A late payment charge of 1.5% will be added for any past due utility balance not paid by the due date.

Para nuestros clientes que hablan Español

Representantes bilingües están disponibles para asistirle de lunes a viernes de 7 a.m. - 7 p.m. Para obtener más información o reportar problemas con su servicio eléctrico, favor de llamar al 800.452.2777.

COVID IMZ



duke-energy.com
866.582.6345

Account number 9101 3178 0598

COVID
IMF

Your usage snapshot - Continued

Current Electric Usage		
<u>Meter Number</u>	<u>Usage Type</u>	<u>Billing Period</u>
339598516	Actual	Aug 26 - Sep 16
<u>Usage Values</u>		
Billed kWh		444.886 kWh
Actual Demand kW		2.844 kW
Billed Demand kW		2.844 kW
Power Factor		100.000 %
<u>Peak Registration</u>		
Actual Demand kW	Aug 26 at 03:00 PM	2.84

Billing details - Electric

Billing Period - Aug 26 to Sep 16	
Meter - 339598516	
Basic Facility Charge	\$9.05
Energy Charge	
444.886 kWh @ \$0.14155000	62.97
Fixed Monthly Rider 39	2.39
Total Current Charges	\$74.41

Your current rate is Small General Service (SGS).

Billing details - Other Charges and Credits

Connection Fee	\$17.00
Total Other Charges and Credits	\$17.00

Billing details - Taxes

Municipal Fee	\$3.72
County Sales Tax	1.56
Sales Tax	4.69
Total Taxes	\$9.97

COVID IMF

COVID
IMZ



 **Pay Bill**

Your Confirmation Number is 194351413

Your one-time bill payment made on 09/21/2022 has been successfully submitted to Duke Energy. Thank you for your payment. This account has a zero balance.

CONFIRMATION #:	194351413
ACCOUNT NO.	*0598
NAME ON ACCOUNT	M Holdings LLC
SERVICE ADDRESS	842 S 5TH ST
CITY, STATE ZIP	HARTSVILLE, SC 29550-5697
MERCHANT NAME	Duke Energy
MERCHANT ADDRESS	526 South Church Street Charlotte, NC 28202
PAYMENT DATE	09/21/2022
PAYMENT TYPE	Card
CARD NUMBER	*2985
EXPIRATION DATE	01/2024
PAYMENT AMOUNT	\$101.38

receipt

COVID
IMZ

CONVENIENCE FEE

\$8.50

TOTAL

\$109.88

COVID
IMZ

Retain this information for your records. If you supplied an email address, a copy of your receipt will be sent on 09/21/2022.

If you need assistance, please contact us at 800-544-6900.

Terms and Conditions (<https://www.speedpay.com/terms/>) applicable to your payments

COVID IMZ

September 2, 2022
 Invoice Number: 0088759090222
 Account Number: **8349 21 055 0088759**
 Security Code: **4609**
 Service At: 842 S 5TH ST
 SB
 HARTSVILLE SC 29550-5697

COVID IMZ

NEWS AND INFORMATION

Contact Us
 Visit us at SpectrumBusiness.net
 Or, call us at 1-866-519-1263

Summary Service from 09/02/22 through 10/01/22
 details on following pages

Previous Balance	0.00
Payments Received -Thank You!	-171.98
Remaining Balance	-\$171.98
Spectrum Business™ Internet	72.98
One-Time Charges	99.00
Current Charges	\$171.98
<i>YOUR AUTO PAY WILL BE PROCESSED 09/19/22</i>	
Total Due by Auto Pay	\$0.00



Pre payment
 Internet
 Hartsville

Welcome to Spectrum Business! This bill reflects install & service charges from the date of install through your current billing period. If you made a payment at time of install, this bill may not reflect that payment but your next bill will.

September 2, 2022
MY PHARMACY AND OPTICAL
 Invoice Number: 0088759090222
 Account Number: 8349 21 055 0088759
 Service At: 842 S 5TH ST
 SB
 HARTSVILLE SC 29550-5697



4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652
 8349 2100 NO RP 02 09032022 NNNNNNNN 01 997458

MY PHARMACY AND OPTICAL
 808 HIGHWAY 378 STE A
 LEXINGTON SC 29072-8379

Total Due by Auto Pay **\$0.00**

CHARTER COMMUNICATIONS
 PO BOX 6030
 CAROL STREAM IL 60197-6030

834921055008875900000000

COVID IMZ

COVID IMZ

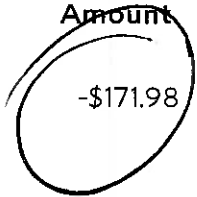
Payments 

Payment Date

Amount

8/22/22

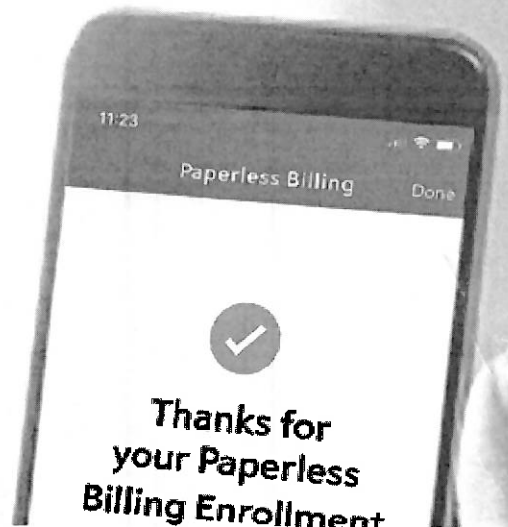
-\$171.98



Transactions 

Spectrum
BUSINESS

**Switch to
Paperless
Billing**



COVID IMZ

Purchased
to send
vaccine sheets
via email
before printer
was setup.

Give us feedback @ survey.walmart.com
Thank you! ID #:7RGV61D941H

Walmart

843-383-4891 Mgr:TIMOTHY
1150 S 4TH ST
HARTSVILLE SC 29550

ST# 01135 OP# 001535 TEN# 70 TR# 04261 10.88 X
646 USB 3.0 061965912546 10.88
SUBTOTAL 10.88
TAX 1 8.000 % 0.87
TOTAL 11.75
DEBIT TEND 11.75
CHANGE DUE 0.00
PAY FROM PRIMARY

EFT DEBIT 11.75 TOTAL PURCHASE
US DEBIT **** * 7682 I 1
REF # 224400511991
NETWORK ID. 0090 APPR CODE 510875
US DEBIT
AID A0000000980840
TC F9798024CDB53855
*NO SIGNATURE REQUIRED
TERMINAL # NX338703
09/01/22 13:17:07
ITEMS SOLD 1
TC# 9697 7267 7604 7480 5999

Walmart

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

09/01/22 13:17:12

→
MFB
card for
Hartsville

COVID
IMP

Jessica Allen
Hartsville Site

Give us feedback @ survey.walmart.com
Thank you! ID #:7RGYJXD980P

Walmart

843-383-4891 Mgr:TIMOTHY
1150 S 4TH ST
HARTSVILLE SC 29550

ST# 01135 OP# 000241 TEN# 07 TR# 08886 13.96 X
SCRUB TOP 019466113687 13.96 X
SCRUB PANT 019466113640 13.96 X
SUBTOTAL 27.92
TAX 1 0.000 % 2.23
TOTAL 30.15
CASH TEND 31.00
CHANGE DUE 0.85
ITEMS SOLD 2
TC# 4076 9080 9036 9675 2535

Walmart

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

09/05/22 13:26:34

Give us feedback @ survey.walmart.com
Thank you! ID #:7RGPJQ2IV:5FP

Walmart

843-393-2067 Mgr:ARETT
251 ANDOVER PLACE
DARLINGTON SC 29532

ST# 07100 OP# 000130 TEN# 13 TR# 08890 21.84 X
SCRUB TOP 019466134492 21.84 X
SCRUB PANT 019466134263 21.84 X
SUBTOTAL 43.68
TAX 1 0.000 % 3.49
TOTAL 47.17
CASH TEND 50.00
CHANGE DUE 2.83
ITEMS SOLD 2
TC# 3062 3608 2007 8217 72

Walmart

Become a member today
Scan for free 30-day trial

08/28/22 14:33:25

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