



# Providers VAX Secure Invoice Upload

Tracking Number

**1632**

Date

**4/8/2022**

## 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.

<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>(843) 845-7905</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>38</b>	<b>3,191.15</b>

ap rec 04/27/2022

## 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.

- COVID 19 Vaccine Reimbursement Calculator\_March\_2022\_Invoice #38\_Ballentine.xlsx
- My Pharmacy\_invoice 38\_expense explanations\_Broad River\_March.docx
- All Paid Receipts\_Inv 38\_Broad River

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*  
4/8/2022 5:43:48 PM

**\$3,191.15**

Yes  
 No

Invoice Total

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

ACC Testing Approval

*Bonner, Melissa*  
4/19/2022 2:10:13 PM

Budget and Finance Approval

*Samuels, Tierra B.*  
4/21/2022 3:31:06 PM

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

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

Available Funding **\$0.00**

### Payment Processing Instructions

Full Amount \$3,191.15	31070000	Not Relevant	J0402AZ998
J040X01058580130	5021310000	98000018	

### Accounts Payable Approval

*Cate, Vasa*  
4/26/2022 4:48:57 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:	<u>M Holdings DBA My Pharmacy</u>
COVID-19 Vaccine Pin Number:	<u>932016</u>
Location Name:	<u>My Pharmacy - Ballentine</u>
Location Address (incl zip):	<u>100057 Broad River Rd</u> <u>Irmo, SC 29063</u>
Date & Times:	<u>March 1, 2022 - March 31, 2022</u>
Total # Vaccinations:	<u>15</u>
Eligible Vaccinations**:	<u>0</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	\$150
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
<b>Total Event Reimbursement Amount</b>		<b>\$150</b>

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

Total additional cost:	\$3,041.15
Less other funding/reimbursement:	<u>                    </u>
Net additional cost:	<b>\$3,041.15</b>

## Total Request Amount: \$3,191.15

\* 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	Electric	Internet	Mobile Storage	Printer/Copier
<b>2500</b>	<b>91</b>	<b>72.98</b>	<b>318.6</b>	<b>58.57</b>

Rent	2500
Electric	91
Internet	72.98
Mobile Storage	318.6
Printer/Copier	58.57
	<b>3041.15</b>

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

## **Invoice #38 Additional Expense Explanation**

**Explanation of expenses for Covid 19 drive thru Immunization Clinic expenses from 3/1/2022 – 3/31/2022**

**Off-Site Location: 100057 Broad River Rd Irmo, SC 29063**

### **General description:**

We have a two-lane drive thru Covid 19 immunization tent located in the front parking lot of Dutch Square Mall. This is an off-site clinic we set up due to the need in the area for vaccines. This clinic requires a lot of expenses that are specifically related to this tent and our workflow process for vaccinating the public. From 3/1/2022 – 3/31/2022 we have immunized **15** patients. 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.

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 mid-lands. 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. This unit is used daily to store our supplies, draw up doses and house freezer, fridge to store vaccines.
- 2. Electric/ Internet / Printer:**
  - a. We must provide electricity and internet to all of our IMZ drive thru sites in order to maintain and run effectively and efficiently. We also have to supply printer/copiers to each site. The fees are allocated every month or every other month.
- 3. Space Rental**
  - a. To accommodate the tent, we have rented parking lot space in the East Lake Community Church parking lot.

Thank you and please reach out if you need any further information on the above.

**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



**East Lake  
Community Church**

COVID  
IMZ

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

**Invoice 1003**

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

March Rent  
Drive thru

**March Rent: \$2500.00**

Site -

**Thank you for your payment  
Check 1216 3/1/2022**

Broad River Rd

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

M HOLDINGS LLC  
808 HWY 378 STE B  
LEXINGTON, SC 29072  
803-756-3460

3/1/22

1216

67-604/539  
81

Pay to the  
Order of

ELCC

Date CHECK ARMOR

two thousand five hundred & 00/100

\$ 2500.00

Dollars

Photo  
Safe  
Deposit  
Details on back

First Citizens Bank

For March Rent / COVID Drive thru Jeffrey Moore

⑆05390604⑆⑆009161942470⑆ 01216

March rent for  
Broad River  
Drive thru  
Site  
Mailed 3.1.22



**Mid-Carolina**  
ELECTRIC COOPERATIVE

PO Box 669  
Lexington, SC 29071

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)

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

4 3126



Meter Number	Previous Reading	Present Reading	Reading Dates	Energy Usage	On-Peak/Demand
87777554	5762	6121	02/19 to 03/19	359	1.555
Number of Days: 28					
Monthly Adjustment Factor: \$0.00055 kWh \$0.113 kW					
On-Peak Occurred: 02/21/2022 8:00 AM - 9:00 AM					
Average Cost Per Day: 3.25					

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

<b>Account Number: 9300069841</b>		<b>Amount to Draft</b> <b>\$91.00</b>
Member: M HOLDINGS		
PREVIOUS BALANCE	\$58.00	
TOTAL PAYMENTS	\$58.00CR	
BALANCE FORWARD	\$0.00	
CURRENT MONTH CHARGES	\$91.00	

**DO NOT PAY - THE AMOUNT OWED WILL BE PAID AUTOMATICALLY ON OR AFTER 04/12/22**

**Messages from MCEC**

- The Winter On-Peak hours are 6am-9am November 1st - March 31st.
- Come claim your Annual Meeting \$25 bill credit on April 2 at our drive through registration at Lexington High or Chapin Middle School.
- Please reference the back of the bill for important Capital Credit information.

**Explanation of Current Charges**

Statement Date 03/23/22



Usage Period 02/19/22 to 03/19/22

Account Charge		\$39.20
Energy Charge	359 kWh@ 0.05855	\$21.02
On-Peak/Demand Charge	1.555 kW@ 14.863	\$23.12
S.C. State Tax		\$6.67
Operation Round Up		\$0.99
<b>CURRENT MONTH CHARGES</b>		<b>\$91.00</b>

COVID IMZ Paid 3/29/22  
Drive thru Ballentine

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

PLEASE DETACH BOTTOM PORTION AND RETURN WITH YOUR PAYMENT

**Mid-Carolina**  
ELECTRIC COOPERATIVE

9300069841000091000000910000000000

Statement Date: 03/23/22  
Account Name: M HOLDINGS  
Service Address: 10057 BROAD RIVER RD  
IRMO, SC 29063

<b>Account Number: 9300069841</b>	<b>Amount to Draft</b> <b>\$91.00</b>
<b>Location: 114-07-051</b>	
<b>04/12/22</b>	

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



CHECK THIS BOX TO RECORD CHANGES ON BACK

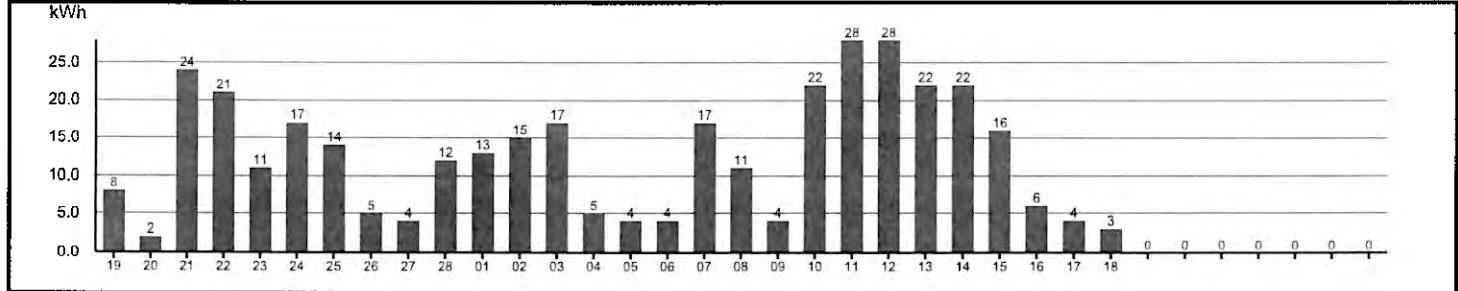




Account Number	Account Name	Service Location	Statement Date
9300069841	M HOLDINGS	OUTBLDG SIGN LTSS 10057 BROAD RIVER RD	03/23/22

Billing Comparisons	Days	kWh Used	Avg kWh Per Day	On-Peak/Demand Usage	Total Charges
Current Billing Month	28	359	13	1,555	91.00
Previous Billing Month	12	348	29	2,650	73.00
Same Month Last Year	29	0	0	0.000	0.00

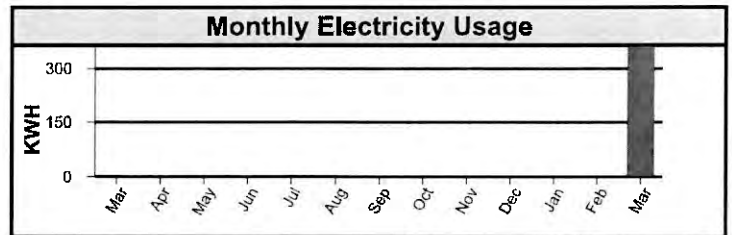
**Energy Usage (kWh) by Day:**



**Temperatures**

High	61	61	71	76	78	84	80	66	54	62	68	78	84	67	77	81	83	70	68	61	58	64	55	67	71	63	70	76
Low	38	35	39	58	59	54	55	50	47	39	33	38	43	49	51	53	66	58	58	49	48	30	23	32	38	56	55	46

For additional information, visit our website at  
<https://www.mcecoop.com/member-benefits/capital-credits/>  
**MEMBER ALLOCATION (INCLUDES ALL ACCOUNTS)**  
**TOTAL ALLOCATIONS ON FILE \$0.00**



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**

MY OPTICAL  
LLC

**Electric service**

Account 9300069841, Auto Pay  
DBA MY PHARMACY, LEXINGTON, SC  
Billing History »

Select Account

9300069841 - 10057 BROAD RIVER RD ▾

M  
HOLDINGS

All  
Customers

There are no scheduled payments.

**Past Payments**

Service	Payment Date	Amount	Type	Status
Electric service	03/29/2022	\$91.00	Ebill Credit Card	Posted
Electric service	03/03/2022	\$58.00	Ebill Credit Card	Posted
Electric service	02/21/2022	\$25.00	Ebill Credit Card	Posted

⏪ ◀ 1-3 of 3 ▶ ⏩

Version: 13.5.0



COVID IMZ

February 18, 2022  
 Invoice Number: 995001201021822  
 Account Number: 202-995001201-001  
 Security Code: 3946  
 Service At: 10057 BROAD RIVER RD  
 IRMO, SC 29063-2362

**NEWS AND INFORMATION**

**Contact Us**  
 Visit us at [SpectrumBusiness.net](http://SpectrumBusiness.net)  
 Or, call us at 1-877-636-3278

**Unreturned Equipment Information.** Effective on or after 04/01/2022 updated fees for Unreturned Equipment will apply. You will only see these charges on future bills if you have any equipment that you haven't returned.

**Summary** *Services from 02/17/22 through 03/16/22 details on following pages*

Balance Forward	0.00
Payments Received	0.00
<b>Remaining Balance</b>	<b>\$0.00</b>
Spectrum Business™ Services	145.96
Current Charges	\$145.96
<b>Total Due by 03/06/22</b>	<b>\$145.96</b>

- Digital Receiver decreases from \$103.00 to \$97.00.
- D3 and newer Modem models (wired or wireless) increases from \$59.00 to \$60.00.
- Wireless Router increases from \$61.00 to \$76.00.
- Multipoint Access Point decreases from \$69.00 to \$64.00.
- D3 AWG2 Modem decreases from \$78.00 to \$60.00.
- EMTA Router (4 port or above) increases from \$74.00 to \$81.00.
- Business Set Back Box decreases from \$163.00 to \$136.00.
- Access Point increases from \$130.00 to \$166.00.
- ATA increases from \$26.00 to \$37.00.
- EPON ONU decreases from \$260.00 to \$95.00.



\* 2 sites  
 on 1 bill \*  
 See 2nd page  
 72.98  
 eligible

IMZ Internet  
 for Broad  
 River

**Welcome to Spectrum Business!**  
 This bill reflects install and 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

February 18, 2022  
**MY PHARMACY AND OPTICAL**

Invoice Number: 995001201021822  
 Account Number: 202-995001201-001  
 Service At: 10057 BROAD RIVER RD  
 IRMO, SC 29063-2362

4145 S. Falkenburg Rd Riverview, FL 33578-8652  
 6810 0232 NO RP 18 02182022 NNNNNNNY 01 004503 0013

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

**Total Due by 03/06/22** **\$145.96**  
 Amount you are enclosing \$



**Please Remit Payment To:**  
 CHARTER COMMUNICATIONS  
 PO BOX 4617  
 CAROL STREAM, IL 60197-4617



COVID  
IMZ



Invoice Number: MY PHARMACY AND OPTICAL  
995001201021822  
Account Number: 202-995001201-001  
Security Code: 3946

Contact Us  
Visit us at [SpectrumBusiness.net](http://SpectrumBusiness.net)  
Or, call us at 1-877-636-3278

6810 0232 NO RP 18 02182022 NNNNNNNY 01 004503 0013

**Charge Details**

Balance Forward 0.00  
Remaining Balance \$0.00

**Summary of Charges by Account**  
0938899-02 MY PHARMACY AND OPTICAL 72.98  
4840994-02 MY PHARMACY AND OPTICAL 72.98  
SubTotal \$145.96

Current Charges \$145.96  
Total Due by 03/06/22 \$145.96

72.98

IMZ



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

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.

**Payment Options**

**Pay Online** - Visit us at [spectrumbusiness.net/payment](http://spectrumbusiness.net/payment) to get started today! Your account number and security code are needed to register.  
**Pay by Phone** - Make a payment free of charge using our automated payment option at 1-866-892-4249; and authorize payment directly from your bank account or credit card.

For questions or concerns, please call **1-866-892-4249**.



COVID  
IMZ



Invoice Number:  
Account Number:  
Security Code:

MY PHARMACY AND OPTICAL  
995001201021822  
202-995001201-001  
3946

Contact Us  
Visit us at [SpectrumBusiness.net](http://SpectrumBusiness.net)  
Or, call us at 1-877-636-3278

6810 0232 NO RP 18 02182022 NNNNNNNY 01 004503 0013

Account Information	Description	Service Dates	Monthly Charges	Adjustments	One-Time Charges	Partial Month Charges	Total
<p><b>Service Account 1 of 2</b> MY PHARMACY AND OPTICAL 10057 BROAD RIVER RD IRMO, SC 29063 Account Number: 0938899-02 Security Code: 5726</p>	<b>Spectrum Business™ Internet</b>						
	Spectrum Business Internet	Feb 17 - Mar 16	119.99	0.00	0.00	0.00	119.99
	Business WiFi	Feb 17 - Mar 16	7.99	0.00	0.00	0.00	7.99
	Promotional Discount	Feb 17 - Mar 16	-55.00	0.00	0.00	0.00	-55.00
			<b>\$72.98</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$72.98</b>
	<b>Spectrum Business™ Services Subtotal</b>		<b>\$72.98</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$72.98</b>
	<b>Total For Account 0938899-02</b>		<b>\$72.98</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$72.98</b>

<p><b>Service Account 2 of 2</b> MY PHARMACY AND OPTICAL 421 BUSH RIVER RD COLUMBIA, SC 29210 Account Number: 4840994-02 Security Code: 4347</p>	<b>Spectrum Business™ Internet</b>						
	Spectrum Business Internet	Feb 17 - Mar 16	119.99	0.00	0.00	0.00	119.99
	Business WiFi	Feb 17 - Mar 16	7.99	0.00	0.00	0.00	7.99
	Promotional Discount	Feb 17 - Mar 16	-55.00	0.00	0.00	0.00	-55.00
			<b>\$72.98</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$72.98</b>
	<b>Spectrum Business™ Services Subtotal</b>		<b>\$72.98</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$72.98</b>
	<b>Total For Account 4840994-02</b>		<b>\$72.98</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$72.98</b>

<b>Current Charges Subtotal</b>	<b>\$145.96</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$145.96</b>
<b>Previous Statement Balance</b>					<b>\$0.00</b>
<b>Payments Received</b>					<b>\$0.00</b>
<b>Total Due by 03/06/22</b>					<b>\$145.96</b>





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

COVID IMZ

**Invoice**

Date	Invoice#
3/15/2022	54183

**PAID**  
 03-21-2022

<b>Bill To</b> My Pharmacy and Optical Brent Munnerlyn 808 US Hwy 378 Lexington, SC 29072	<b>Ship To</b> 10057 Broad River Road Irmo, S.C. 29063 Brent -- 803/261-8615
---	---

P.O. Number	Terms	Rep	Ship	Doors Toward
Brent	Net 30	PDT	3/15/2022	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 3/22/22 - 4/21/22		
	Sales Tax	8.00%	23.60

Mobile Storage  
 Covid for drive thru  
 Site 1 - Broad River Rd

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



COVID IMZ

Simplified Office Systems  
6220 Bush River Road  
Columbia, SC 29212  
Phone: 888-914-7476  
Fax: 803-569-1222  
Fed Tax ID: 45-1548790

Invoice  
Period Billing

INVOICE #:  
220310-0068

Page 1 of 1

Bill To: 100533  
My Pharmacy and Optical  
808 Highway 378 Suite A  
Lexington, SC, 29072  
hamp@mypharmacyandoptical.com;  
tiffany@mypharmacyandoptical.com  
Kevin Hunter

Copier / printer  
Charges for  
Broad River Drive-thru

INVOICE DATE	CUST. ORDER #	PAYMENT TERMS
03/10/2022		Net 10

Invoice Line Items	
Description	Amount
Contract ID 6205	
Meter Billing For 2/11/22 To 3/10/22	
Customer ID: 100533-4 Company Name: My Pharmacy Broad River Address: 10037 Broad River Road, Irmo, SC, 29063, (843) 845-7905	
Serial #: MXBC18CGPK Unit ID: Model #: PRINTER/E52645dn Desc: HP LaserJet Managed MFP E52645dn	
Meter: BLACK COPIES Last Billed: 4429 on 2/10/22 Current: 6116 on 3/9/22 Usage 1687 Unused Clicks Included in Term: 0 Clicks To Bill in Period: 1687	
Total Meter Charge	\$25.31
Serial #: MXBC18CGPN Unit ID: Model #: PRINTER/E52645dn Desc: HP LaserJet Managed MFP E52645dn	
Meter: BLACK COPIES Last Billed: 3452 on 2/10/22 Current: 5414 on 3/9/22 Usage 1962 Unused Clicks Included in Term: 0 Clicks To Bill in Period: 1962	
Total Meter Charge	\$29.43
Tax Summary	
Lexington S	\$0.54
ZSC State	\$3.29

Interested in 3D PRINTING? CONTACT SOS!  
Any open balance past 90 days will be assessed a 1.5% late fee.

Invoice Comments:	<div style="border: 1px solid black; width: 300px; height: 50px;"></div>	SUBTOTAL:	\$54.74
		DISCOUNT:	\$0.00
		OTHER CHARGES:	\$0.00
		TAX:	\$3.83
		TOTAL:	\$58.57
Customer Signature _____			

receipt to follow

**From:** kevin.hunter@mysimplifiedoffice.com  
**Sent:** Monday, March 21, 2022 10:20 AM  
**To:** tiffany@mypharmacyandoptical.com  
**Subject:** Simplified Office Systems Transaction Receipt

-----  
General Information  
-----

Merchant Account: Simplified Office Systems  
Date/Time : 03/21/2022 10:19:50 AM EDT

-----  
Transaction Information  
-----

Order ID : 7079453844  
Description : SOS Current Invoice Payment  
Transaction Amount : \$58.57  
Transaction ID : 7079453844  
Card Type : Visa  
Credit Card Number : \*\*\*\*\*2985  
Authorization Code : 021110  
Transaction Type : Card Sale  
Response : Approved  
AVS Results : Address match only  
CSC Results : CVV2/CVC2 Match

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Customer Billing Information  
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First Name : James  
Last Name : Manning  
Company : My Pharmacy  
Address : 808 Hwy 378  
Address (cont) : Suite B  
City : Lexington  
State : SC  
Zip Code : 29073  
Country : US  
Phone : 8037563460  
Fax : 8037563461  
Email : tiffany@mypharmacyandoptical.com

-----  
Customer Shipping Information  
-----

First Name : James  
Last Name : Manning  
Company : My Pharmacy



Address : 808 Hwy 378  
Address (cont) : Suite B  
City : Lexington  
State : SC  
Zip Code : 29073  
Country : US  
Email : tiffany@mypharmacyandoptical.com

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Additional Information  
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Invoice # : 220310-0068  
Amount : 58.57