



Providers VAX Secure Invoice Upload

Tracking Number

1743

Date

7/6/2022

Contract Information

AP REC 07/13/2022

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.

<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

<u>INVOICE NUMBER</u>	<u>INVOICE AMOUNT</u>
<u>55</u>	<u>8,506.35</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.

COVID 19 Vaccine Reimbursement Calculator_June_2022_Invoice #52_Lexington
 My Pharmacy_invoice 55_expense explanations_Charleston_June.docx (2)
 Charleston

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
 7/6/2022 6:59:40 PM

\$8,506.35
 Invoice Total

Yes
 No

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

COVID19 Coordination Office

Lopez, Jessica N.
 7/11/2022 10:54:48 AM

Budget and Finance Approval

Thames, Barbette Y.
 7/12/2022 10:03:08 AM

Approved Funding _____

Approved Invoices to Date _____

Available Funding \$0.00

Payment Processing Instructions

Pay full amount \$ 8,506.35 31070000 Not Relevant J0402AZ998
 J040X01058580130 5021310000 98000018

Accounts Payable Approval

Cate, Vasa
 7/13/2022 12:15:07 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 - Charleston / North Woods Mall
Location Address (incl zip):	7801 Rivers Ave North Charleston ,SC 29046
Date & Times:	June 1, 2022 - June 30, 2022
Total # Vaccinations:	264
Eligible Vaccinations**:	

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 you organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$2,640
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$2,640

Additional Cost Summary***:

Total additional cost:	\$5,866.35
Less other funding/reimbursement:	
Net additional cost:	\$5,866.35

Total Request Amount: \$8,506.35

* 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	Internet
3500	1765.5	376.05	74.8	150
3500	1765.5	376.05	74.8	150

Rent	3500
Tent Rental	1765.5
Mobile Storage	376.05
Electric	74.8
Internet	150
	5866.35

My Pharmacy

808 Hwy 378 Ste B

Lexington, SC 29072

Invoice # 55 Additional Expense Explanation

Explanation of expenses for Covid 19 drive thru Immunization Clinic expenses from 6/1/2022 – 6/30/2022

Off-Site Location: 7801 Rivers Ave N. Charleston, SC 29406

General description:

We have a two-lane drive thru Covid 19 immunization tent located in the front parking lot of Northwoods 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 6/1/2022 – 6/30/2022 we have immunized **264** 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 Charleston area. 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.

Summary of Expenses:

1. Lease/Rent:

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

2. Mobile Office:

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

3. 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 advertisement to customers driving by.

4. Electric

a. We must provide electricity for our drive thru and mobile storage unit for our staff.

5. Internet:

a. The Internet is needed to run a COVID IMZ off site.

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

STATEMENT

COVID IMZ

Date - 6/1/2022
Account - 105007
Statement No - 538625
Page - 1

Make Check

Payable To: Seritage SRC Finance LLC
PO Box 776148
Chicago IL 60677-6148

From: SCCharleston1325
7801 Rivers Ave
Charleston SC

Billing Address:

M Holdings LLC
808 Highway 378
Suite A & B
Lexington SC 29072

Tenant: M Holdings LLC
808 Highway 378
Suite A & B
Lexington SC 29072

Amount Remitted: _____
Remit top portion with payment.

DETAIL CHARGE

SCCharleston1325

Unit: T9999A

Lease 00000941

Invoice Date	Due Date	Description	Charges	Payments	Balance	Check Number
6/1/2022		Specialty Leasing-Income	3,500.00	3,500.00	.00	1056
					.00	

ACCOUNT SUMMARY

Less Payments / Credits From 6/1/2022

(3,500.00)

AMOUNT DUE:

0.00 USD

June Rent COVID IMZ
Charleston Drive thru



Payment Scheduled

COVID IMZ
June

i Note

Payments by check may arrive earlier or later than the selected delivery date.

✓ PNC Bank *9913

Estimated delivery
06/06/2022

\$3,500.00

Mail to 500 1ST AVE
PITTSBURGH, PA 15219

Payment type Check

Check # 1040

Pay with M Holdings Checking *2470

Conf # 41

Total: \$3,500.00

June Rent
Charleston Drive thru
COVID IMZ



Carolina Tent & Event Rental, inc. Keanu Thompson
 4321 Catawba River Rd (803) 554-2669
 Fort Lawn, SC 29714 keanu@carolinent.com
 P: (803) 789-7165
 tom@carolinent.com
 carolinent.com

PAYMENTS

Invoice #22386115
 Invoice Date Jul 04, 2022

COVID IMZ

Contact
 Brent Munnerylyn
 brent@mypharmacyandoptical.com

Event Information
 Munnerylyn - Charleston

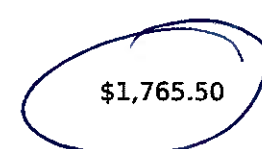
Location / Venue
 Charleston, SC

Tent rental / N. Charleston

Payments As of 7:19 AM on 7/4/2022

ID	Method	Date	Status	Charged	Fees	Applied Amount
Check						
30075296	W/E: 3.7.2022 3.14.2022 3.21.2022 3.28.2022	3/1/2022 at 12:00 AM EST	Charged	\$2,153.00	--	\$2,153.00
52526380	Credit Card	5/2/2022 at 12:00 AM EDT	Charged	\$1,412.40	--	\$1,412.40
Credit Card						
70835400	w/e: 5.2.2022 5.9.2022 5.16.2022 5.23.2022 5.30.2022	6/1/2022 at 12:00 AM EDT	Charged	\$1,765.50	--	\$1,765.50
Credit Card						
87779655	w/e: 6.6.2022 6.13.2022 6.20.2022 6.27.2022 7.4.2022	7/4/2022 at 12:00 AM EDT	Charged	\$1,765.50	--	\$1,765.50
Totals				\$7,096.40	-\$0.00	\$7,096.40

June Tent Rental



CAROLINA TENT & EVENT INC
 4321 CATAWBA RIVER RD
 FORT LAWN, SC 29714
 (803) 554-2669
 SALE

Payable to:
 Carolina Tent & Event Rental, inc.
 Fort Lawn, SC 29714
 #223861151

Payment Summary	
Applied Payments	\$7,096.40
Refunds	-\$0.00
Total Paid	\$7,096.40

Balance	
Contract Total*	\$7,096.40
Remaining Balance*	\$0.00

*Additional payment processing fees may apply

7/4/22 7:19 AM
 Merchant ID: 0000001509
 Term ID: 002
 Amount: \$1,765.50
 Total: \$1,765.50
 ISA
 AUTH: 111111
 ISA: 12985
 Approved Online
 REFERENCE: 00300001
 JTH: 004111
 Trans ID: 42
 Code: 00404072071243
 Response: CAPTURED
 CREDIT
 Approved USD \$1,765.50

North Charleston
 COVID IMZ

SIGNATURE REQUIRED



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

COVID IMZ

Invoice

Date	Invoice#
5/24/2022	55733

Bill To

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

PAID
 06/02/2022

Ship To

2150 Northwoods Blvd
 in Burlington Parking lot
 N. Charleston, SC
 Brent - 803-261-8615

P.O. Number	Terms	Rep	Ship		Doors Toward
Brent	Due on receipt	RTG		5/24/2022	Doors to Rear

Quantity	Description	Price Each	Amount
1	Monthly rental of a 40' ground level office/storage combo container - O40486	345.00	345.00T
	Rent Period 6/02/22 - 7/01/22		
	Sales Tax	9.00%	31.05

Mobile Storage
 N. Charleston

COVID
 IMZ

Please sign, date and return this contract by fax or e-mail			Total	\$376.05
Phone #	Fax #	E-mail		
(843) 851-2661	(843) 851-2664	rick@carolinamobilestorage.com	Balance Due	\$0.00

SERVICE FOR
 MY OPTICAL LLC
 7801 RIVERS AVE COVID TENT
 NORTH CHARLESTON SC 29406-4066

COVID
 IMZ

ACCOUNT NUMBER
 5-2101-3136-3643

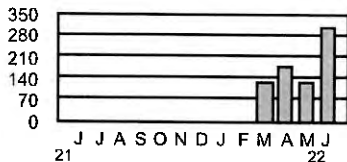
DATE DUE	AMOUNT DUE
Jul 14 2022	\$74.80

BUSINESS CUSTOMER SERVICE
 1-800-251-7234
 7am - 6pm, Monday - Friday

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

JUNE STATEMENT GENERATED ON:
 Jun 27 2022

Electric Usage History - kWh



	Jun 21	Jun 22
kWh used	N/A	305
Days in billing period	N/A	31
Cost	N/A	\$68.62

For a complete set of tools to analyze your usage, log on to DominionEnergySC.com.

Dominion Energy South Carolina

DominionEnergySC.com

ACCOUNT SUMMARY

Previous Bill Amount	\$50.35
ePayment Received 05/27/22 THANK YOU	-50.35
Current Charges	74.80

Amount Due on 7/14/22 \$74.80

A late payment charge of 1.5% may be added to any balance remaining 25 days after billing.
 Any remaining balance after 5pm on 7/26/22 is subject to late payment charges.

SUMMARY OF CURRENT CHARGES

Electric Charges	\$74.80
Total Current Charges	\$74.80

Electric
 Charleston

PLEASE KEEP THIS PORTION FOR YOUR RECORDS.

Posting Summary	SERVICE FOR	7801 RIVERS AVE COVID TENT		
	ACCOUNT NUMBER	STATEMENT DATE	AMOUNT DUE	DATE DUE
	5-2101-3136-3643	6/27/22	\$74.80	7/18/22

Dominion Energy South Carolina

ACCOUNT NUMBER

5-2101-3136-3643

DATE OF BANK DRAFT

Jul 14 2022

000000000000 16 BD 178218482 EP

AMOUNT TO BE DRAFTED

\$74.80

COVID
 IMZ

MY OPTICAL LLC
 7801 RIVERS AVE COVID TENT
 NORTH CHARLESTON SC 29406-4066

Thank you for using Electronic Banking Service.
 Your bank draft is set up for:

First Citizens



COVID
IMZ

CUSTOMER SERVICE

ACCOUNT NUMBER

Page 2 of 2

1-800-251-7234

5-2101-3136-3643

STATEMENT DATE

DATE DUE

AMOUNT DUE

Jun 27 2022

Jul 14 2022

\$74.80

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.

PIGGLY WIGGLY #182, 8780 RIVERS AVE,
NORTH CHARLESTON SC 29408

PIGGLY WIGGLY # 57, 9619 HWY 78,
LADSON SC 29456

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.

CURRENT CHARGES

Electric Charges

RATE PLAN
009 - General Service

METER READING
Electric Meter read on 06/24/22 at 11:57 am
(Next scheduled read date on or about 7/25/22)

METER NO.	BILLING PERIOD	DAYS	CURRENT	PREVIOUS	CONSTANT	KWH	KW	KVA
002123764	05/24/22-06/24/22	31	36495	36190	1	305	0	0

Basic Facilities Charge	22.00
305 kWh X \$ 0.123230	37.59
Renewable Energy Resources	6.82
Temporary Tax Credit	-0.43
Franchise Fee 4.00% Paid To The City Of North Charleston	2.64
State Sales Tax at 9.00 %	6.18

Total Electric Charges \$74.80

Our customer service department will be closed Monday, July 4, for the Independence Day holiday. You can make payments and payment arrangements anytime at dominionenergy.com or with the Dominion Energy app. For electric and gas emergencies, call 1-888-333-4465.

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

HOME TELECOM
579 STONY LANDING RD
MONCK'S CORNER SC 29461



Visit us on the web
www.HomeSC.com

Account Number: 0338071603
Account Name: MY PHARMACY
Bill Date: June 25, 2022
Due Date: 5TH OF MONTH

Account Summary	
Last Month	
Balance from last statement	150.00
Payment Received 05/23/2022	150.00
Thank You Balance	\$0.00
This Month	
Internet Charges	150.00
Current Charges	\$150.00
Total Amount Due	\$150.00

Charleston
Internet

WAY MORE

Wi-Fi XTREME myWiFi

\$5.95 PER MONTH FOR THE FIRST 6 MONTHS* HOME TELECOM

HomeSC.com/MyWiFi-Xtreme

*Some restrictions and requirements may apply. Visit site for more details.

Pay your bill online at HomeSC.com.
Your security code is **1603**

Home Instant Info-Line - a quick, convenient, automated 24 hour service for checking and paying your account balance. Call (888) 899-4663 from any touch tone phone. You will need your four digit Home Instant Info-Line code. **Your code is : 1603**

0338 - 5RIN

*** DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT ***

HOME TELECOM
PO BOX 1194
MONCK'S CORNER SC 29461



FOR CHANGE OF ADDRESS OR AUTOMATED PAYMENT:
Please check here and complete form on reverse. Thank you.

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

Account Number: 0338071603
Bill Date: June 25, 2022
Due Date: 5TH OF MONTH

Remit To:
HOME TELECOM
PO BOX 1194
MONCK'S CORNER SC 29461-1194

COVID
IMZ



03380338071603000000150001

Balance Due - Please Remit: \$150.00

Amount Enclosed: \$

COVID IMZ

Thank you for choosing Home Telecom, a locally owned and operated company for your telecommunications needs. For your convenience we have outlined below some of the most frequently asked questions.

Answers To Your Questions

When is my payment due?

Payment is due on or before the due date specified on the front of your bill.

How do I pay my bill?

The most convenient and reliable method of payment is bank draft. To sign up for this service see authorization form below. Other convenient methods are on-line bill payment at www.HomeSC.com and Home Instant Info-Line.

When mailing your payment, write the amount paid on the remittance slip. Also, write your area code and telephone number on your check. Place the remittance slip and check in the return envelope supplied and mail it to the following location:

Home Telecom
PO Box 1194
Moncks Corner, SC 29461

Or you may choose to use our 24 hour depository located at one of our three Business Offices.

579 Stoney Landing Road **230 Seven Farms Drive, Suite 104**
Moncks Corner, SC **Daniel Island, SC**

2750 Hwy 52
Moncks Corner, SC

Who do I call before I dig?

South Carolina has a statewide system which allows you to call one telephone number to protect buried utilities from becoming damaged by digging or excavating. Call 811 or 1-888-721-7877 before you do any of the following: Planting trees, trenching, digging fence post holes or drainage ditches, drilling or boring, soil ripping, grading, etc.

Bank Draft Authorization

If you would like the convenience of paying this bill by bank draft, please complete the information and attach a voided check. Your payment will be deducted from your account approximately 15 days after your bill date.

New Bank Draft Change Existing Bank Draft

Bank Name: _____

Account Name: _____

Your Account Number: _____

Bank's ABA Number: _____

Signature: _____

Date: _____

How do I contact Home Telecom?

Website: www.HomeSC.com

Residential Billing 800-577-2799 (Toll Free)

Business Billing 888-571-5775

Technical Support 888-227-4040

Rate Codes for Long Distance

Class of Call (1st letter):

- CB = Person Call Back
- CC = Calling Card
- CL = Collect
- CP = Calling Plan
- DC = Directory Assistance Call Completion
- DD = Direct Dialed
- DI = International Evenings
- EC = International Nights
- OP = Operator Handled
- PF = Pay Phone
- PP = Person to Person
- TF = Toll Free
- TN = Third Number

Rate Period (2nd letter):

- D = Day MP = Multi Rate Periods
- E = Evening P = Peak
- N = Night O = Off Peak
- W = Weekend

*Truth in Billing Statement

Failure to pay charges identified with an "*" may result in the termination of these services and/or collections procedures but not in the disconnection of your local telephone service.

New Billing Address

Address: _____

City/St: _____ Zip Code: _____

Telephone: _____

Signature: _____

COVID IMZ



Account Number: 0338071603
 Account Name: MY PHARMACY
 Due Date: 5TH OF MONTH
 Visit our website at www.HomeSC.com

COVID
IMZ

Summary of Current Account Activity

Services	Monthly Charges	Other Charges & Credits	Usage	Taxes, Sur-charges & Fees	Total Charges
8431500192 Internet	150.00	0.00	0.00	0.00	150.00
MY PHARMACY	150.00	0.00	0.00	0.00	150.00
Account Total	\$150.00	\$0.00	\$0.00	\$0.00	\$150.00

Current Internet Service

Internet ID 8431500192
MY PHARMACY(TENT LOCATION)
7801 RIVERS AV
NORTH CHARLESTON SC 29406

Monthly Charges

Service	Qty	Amount	Total
<i>Charges for 06/25/22-07/24/22 - 1 MONTH</i>			
BUS ROUTER MAINTENANCE	1	5.95	5.95
BUS CONTRACT INTERNET DISCOUNT	1	100.90CR	100.90CR
BUS FTTH M2M 300 MBPS	1	244.95	244.95
Subtotal Monthly Charges			\$150.00

The Internet charges shown above are being billed on behalf of HOME TELECOM

COVID IMZ

HOME TELECOM

COVID

IMZ

Payment Confirmation

Please keep this receipt for your records. You can also view this information any time from the Payment Activity section of the Profile page.

Confirmation Number	220956062
Payment Account	Visa Card****2985
Card Holder Name	J MANNING
Transaction Status	CAPTURED
Authorization Code	021082
Transaction Time	2022-06-21 07:34:45.88
Expiration Date	**/**
Amount	150.00
Payment Date	06/21/2022

Charleston
COVID IMZ