



HTA VAX Secure Invoice Upload

Tracking Number
488

Date
6/18/2021

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.

HTA-VAX-307 **SPARTANBURG REGIONAL HEALTHCAF** **57-1075649** **7000048524**
 Contract Number (required) * Contractor Name * Tax ID * SCEIS Number

Bruce Davis **Health System COO** **(864) 560-4376** **bdavis@srhs.com**
 Contact (Full Name) Title Phone EXT Contact EMAIL

101 E Wood St **Spartanburg** **SC** **29303**
 * Address * STE # * City * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
2021V-2	559,090.00

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.

SRHS Community Vaccine Event_Per Vaccine Reimbursement_Inv 2021V-2

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

Bruce Davis
 06/18/2021 03:47:29 PM

\$559,090.00

Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 6/21/2021 9:06:48 AM

Budget and Finance Approval

Samuels, Tierra B.
 6/25/2021 12:26:14 PM

Approved Funding

\$3,069,609.00

Approved Invoices to Date

Available Funding

\$3,069,609.00

Payment Processing Instructions

Full Amount \$559,090.00	31070000	Not Relevant
J0402AZ999	J040X01048580130	5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
 6/29/2021 12:51:41 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



Spartanburg Regional
Healthcare System

INVOICE

INVOICE #	DATE	DUE DATE
2021V-2	2021-06-14	2021-06-13

BILL FROM

Spartanburg Regional Healthcare System
101 East Wood Street
Spartanburg, SC 29303
Gloria Montgomery
864-560-4697

BILL TO

SC DHEC (COVID-19 Vaccination Reimbursement)
2600 Bull Street
Columbia, SC, 29201

CRT.	ITEM	QTY	UNIT PRICE	TAX RATE	DISCOUNT	AMOUNT
1	Community Vaccine Clinic 1/7/21 – 5/6/21, per Vaccine Reimbursement	1	\$559090	0 %	- 0.00	\$559090
					Sub-total: \$559090.00 tax: \$0.00	TOTAL: \$559090.00

Please mail payment to:

Spartanburg Regional Healthcare System
Attention: Accounting, Gloria Montgomery
101 East Wood Street
Spartanburg, SC 29303

COVID-19 Vaccination Reimbursement Request

Community Vaccination Event Information*

Provider Name:	Spartanburg Regional Health System
COVID-19 Vaccine Pin Number:	923027
Location Name:	USC Upstate Community Vaccine Clinic
Location Address (incl zip):	305 North Campus Blvd Spartanburg, SC 29303
Date & Times:	1/7/21 - 5/6/21, 8:30am - 5pm
Total # Vaccinations:	44497
Eligible Vaccinations**:	5706

Please select yes or no to the following questions to determine eligible reimbursement:

<input type="checkbox"/> Yes	Did your organization provide event management, traffic control and logistics for this event?
<input type="checkbox"/> Yes	Did your organization provide administrative staff for this event?
<input type="checkbox"/> Yes	Did your organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$444,970
Administrative Staff	\$5	\$28,530
Vaccination Staff	\$15	\$85,590
Total Event Reimbursement Amount		\$559,090

Additional Cost Summary***:

Total additional cost:	
Less other funding/reimbursement:	0
Net additional cost:	\$0

Total Request Amount: \$559,090

* 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.