



Catherine B. Templeton, Director

*Promoting and protecting the health of the public and the environment*

December 16, 2013

SC Lieutenant Governor's Office on Aging  
ATTN: Ms. Denise Rivers  
1301 Gervais St. Suite 200  
Columbia, SC 29201

Dear Ms. Rivers:

Enclosed is the Invoice for Services PC13561-6 and IDT 404600 in the amount of \$24,741.31. This invoice covers the expenditures for the Chronic Disease Self-Management Program PPHF Grant # CDSMP12-12 Contract # 90CS0030/01 for the period of September 1, 2013 through November 30, 2013.

If you have any questions, please contact Mia Mills of my staff at (803) 898-3451 or [millsmt@dhec.sc.gov](mailto:millsmt@dhec.sc.gov).

Sincerely,

Judy A. Kalbaugh, Director  
Division of Cost Accounting and Cash Management  
Bureau of Financial Management

mtm  
Enclosures





## INVOICE FOR SERVICES

Bureau of Financial Management / Sims/Aycock Building  
2600 Bull St, Columbia, South Carolina 29201

Invoice No.

PC13561-6

Invoice To:

E04 - SC LIEUTENANT GOVERNOR'S OFFICE ON AGING  
ATTN: MS. DENISE RIVERS  
1301 GERVAIS ST UNIT: STE 200  
COLUMBIA, SC 29201-

Ship To:

S.C. DHEC  
Attention: Bureau of Financial Management  
2600 Bull Street  
Columbia, South Carolina 29201

Date:  
12/16/2013

Terms:  
**DUE UPON RECEIPT**

Department Name  
Bureau of Finance

Order Filled By:  
MILLSMT

**Description of Services:** EXPENDITURES FOR GRANT # CDSMP12-12; CONTRACT # 90CS0030/01 FOR THE PERIOD OF SEPTEMBER 1, 2013 THROUGH NOVEMBER 30, 2013.

Qty	Unit Description	Loc	Organ.	Fund	Account	Analytical	Unit Price	Amount
1	SEE ATTACHED	300	308050	793535	4280501	0000000	\$24,741.31	\$24,741.31
<b>Total:</b>								\$24,741.31

Note: Make checks payable to South Carolina Department of Health and Environmental Control, remit to above address to the Attention of: Bureau of Financial Management



AGENCY NUMBER	AGENCY BATCH NUMBER	OBJECT CODE HASH TOTAL	TOTAL BATCH AMOUNT	BATCH DATE	BATCH NUMBER	DOCUMENT 4
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AGENCY VOUCHER NUMBER

CG WARRENT NUMBER

**STATE OF SOUTH CAROLINA**

AGENCY TRANSFERED TO (CR)

AGENCY TRANSFERED FROM (DR)

NAME

S C DHEC  
Attn: Bureau of Financial Management  
2600 Bull Street  
Columbia, South Carolina 29201

**INTERDEPARTMENTAL TRANSFER**

TO THE COMPTROLLER GENERAL  
The Attached bills are approved for payment as

NAME

E04 - SC LIEUTENANT  
GOVERNOR'S OFFICE ON  
AGING  
ATTN: MS. DENISE RIVERS  
1301 GERVAIS ST

FROM

FM	TRANS	AGCY NO	Cost Center	Func. Area	Fund	Grant	AGENCY REFERE NCE	GL_Account	TRANSACTION AMOUNT	MULTI PURPOSE CODE
<b>TOTAL</b>										

TO

FM	TRANS	AGCY NO	Cost Center	Func. Area	Fund	Grant	AGENCY REFEREN CE	GL_Account	TRANSACTION AMOUNT	MULTI PURPOSE CODE
6	400	J04	J0402AC6CC	J040_0029	50550000	J0401G03400	404600	4890100000	\$24,741.31	PC13561-6
<b>TOTAL</b>									\$24,741.31	

I herby certify that the articles purchased or services rendered as shown herein have been recieved and are in  
accordance with law, and that the payee is entitled to payment, therefore by the State of South Carolina.

SIGNATURE \_\_\_\_\_ OFFICIAL TITLE \_\_\_\_\_ DATE \_\_\_\_\_ CG AUDITOR \_\_\_\_\_





**South Carolina Lieutenant Governor - Office on Aging**

**Payment Request Form**

**Agency Name:** SC Department of Health and Environmental Control  
**LGOA Grant Number:** CDSMP12-12  
**Grant Period:** September 1, 2012 - August 31, 2015  
**Final -** Circle one YES ☒ NO ☐  
**Payment #:** 1  
**Payment Period:** September 1, 2014 - November 30, 2013  
**Payment Request Prepared by:** Mia Mills

**Functional Area:**

4B89

**Grant Name:**

**EVIDENCE BASED DISEASE PREVENTION PROGRAM**

SFY14

A	Current Grant Award	\$ 116,000.00
A-1	Carry-forward from Previous SFY	\$ -
B	Actual Expenses Year To Date	\$ 24,741.31
C	Prior Funds Requested Year-To-Date	\$ -
D	Total Request <b>This</b> Payment B-C	\$ 24,741.31
E	State Share Requested (D) *1	\$24,741
F	Local Share Required (D) *0	\$0
G	Year To Date Award Balance A-C-D	\$ 91,258.69

**E-mail the payment request and related activities to Denise Rivers at [riversd@aging.sc.gov](mailto:riversd@aging.sc.gov)**

Under the penalties for perjury under State Law, I certify that this report is accurate and complete to the best of my knowledge and belief.

Signature:

Judy A. Kalbaugh

Title:

Director of Cost Accounting & Cash Management

Date: 12/16/2013

Telephone Number: 803-898-3427

Jul-13



**FUND NUMBER:** G035 - 793535 - J0401G034005 CDSMP12-12  
**GRANT TITLE:** Chronic Disease Self-Mgmt Pgm  
**GRANT PERIOD:** 09/01/12 - 08/31/15  
**BILLING PERIOD:** September 1, 2013 through November 31, 2013

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	ACCOUNT	AMOUNT	DESCRIPTION
Salaries	5010580000	4,135.92	Classified Postion
	5010710000	11,380.08	Temporary Position
	5010730000	231.75	OT & Shift Differential
		<u>15,747.75</u>	
Travel	5050010000	422.85	In State Meals
	5050020000	358.30	In State Lodging
		<u>781.15</u>	
Supplies	5030060000	71.65	Data Processing Supplies
		<u>71.65</u>	
Fringes	5130010000	2,420.45	State Retirement - Employer Cont.
	5130310000	1,198.58	Social Security - Employer Cont.
	5130400000	77.29	Worker's Comp. - Employer Cont.
	5130500000	19.09	Unemployment Comp. - Employer Cont.
	5130610000	235.54	Health Insurance - Employer Cont.
	5130670000	8.81	Dental Insurance - Employer Cont.
	5130710000	23.63	Pre-Retirement Death Ins. - Employer Cont.
		<u>3,983.39</u>	
Indirect Cost	5210020003	1,869.23	IDC Agency Assessment
	5210010000	1,338.54	IDC Expense Account
	5210020001	949.60	IDC Health Services Assessment
		<u>4,157.37</u>	
	<b>TOTAL</b>	<u><b>24,741.31</b></u>	

**Note: Oct 16 retros and Nov 16 IDC have not been posted in SCEIS.**  
**These will be included in the next billing**



Chronic Disease Self-Mgmt Pgm  
G035 -793535 - J0401G034005  
SALARIES - Sept 1, 2013 - Nov 30, 2013

FUND	NAME	Sept 01 Pay	Sept 16 Pay	Oct 01 Pay	Oct 16 Pay	Nov 1 Pay	Nov 16 Pay	
G035T	JULIA LUCAS LUMPKIN	787.49	734.37	715.62	212.50			\$2,449.98
G035S	CARLON J MITCHELL	231.75				1,112.40	494.40	\$1,838.55
G035T	CARLON J MITCHELL	2,302.05	2,224.80	1,081.50	1,081.50		633.45	\$7,323.30
G035C	CORA PLASS	689.32	689.32	689.32	689.32	689.32	689.32	\$4,135.92
TOTAL PAYROLL								\$15,747.75



**G035 - CHRONIC DISEASE SELF-MGMT PGM PPHF**  
**SALARIES - SEPT TO NOV 2013**

**SEPT 2013 SALARIES**

Assignment	DocumentNo	BusA	Typ	Doc. Date	Amount	LCurr	Text	Offst.acct
PAYROLL ADJ 03	1000188260	J040	IJ	9/27/2013	2,302.05	USD	Retro PP 05 PERNBR C MITCHELL	5010580000
PAYROLL ADJ 05	1000188262	J040	IJ	9/27/2013	787.49	USD	Retro PP 05 PERNBR J LUMPKIN	5010580000
PAYROLL ADJ 05	1000188262	J040	IJ	9/27/2013	2,224.80	USD	Retro PP 06 PERNBR C MITCHELL	5010580000
PAYROLL ADJ 05	1000188262	J040	IJ	9/27/2013	734.37	USD	Retro PP 06 PERNBR J LUMPKIN	5010580000
PAYROLL ADJ 03	1000188260	J040	IJ	9/27/2013	231.75	USD	Retro PP 05 PERNBR C MITCHELL	5010580000

**\$6,280.46 USD**

**OCT 2013 SALARIES**

Assignment	DocumentNo	BusA	Typ	Doc. Date	Amount	LCurr	Text	Offst.acct
PAYRL00069	6101066505	J040	PY	10/9/2013	689.32	USD	J040/20131016	1000000010
PAYRL00137	6101068014	J040	PY	10/9/2013	212.5	USD	J040/20131016	1000000010
PAYRL00147	6101041860	J040	PY	9/24/2013	715.62	USD	J040/20131001	1000000010
PAYRL00147	6101068024	J040	PY	10/9/2013	1,081.50	USD	J040/20131016	1000000010
PAYRL00156	6101041869	J040	PY	9/24/2013	1,081.50	USD	J040/20131001	1000000010

**\$3,780.44 USD**

**NOV 2013 SALARIES**

Assignment	DocumentNo	BusA	Typ	Doc. Date	Amount	LCurr	Text	Offst.acct
PAYRL00071	6101105359	J040	PY	11/8/2013	689.32	USD	J040/20131115	1000000010
PAYRL00077	6101090292	J040	PY	10/28/2013	689.32	USD	J040/20131101	1000000010
PAYROLL ADJ 09	1000192367	J040	IJ	11/15/2013	689.32	USD	Retro PP 05 PERNBR C PLASS	5010890000
PAYROLL ADJ 09	1000192367	J040	IJ	11/15/2013	689.32	USD	Retro PP 06 PERNBR C PLASS	5010890000
PAYROLL ADJ 09	1000192367	J040	IJ	11/15/2013	689.32	USD	Retro PP 07 PERNBR C PLASS	5010890000
PAYRL00124	6101091903	J040	PY	11/8/2013	633.45	USD	J040/20131115	1000000010
PAYROLL ADJ 09	1000192367	J040	IJ	11/15/2013	1,112.40	USD	Retro PP 09 PERNBR C MITCHELL	5010890000
PAYRL00124	6101091903	J040	PY	11/8/2013	494.4	USD	J040/20131115	1000000010

**\$5,686.85 USD**

**TOTAL SALARIES - SEPT TO NOV 2013**

**\$15,747.75**



**G035 - CHRONIC DISEASE SELF-MGMT PGM PPHF**  
**FRINGE - SEPT TO NOV 2013**

**SEPT 2013**

Assignment	DocumentNo	BusA	Typ	Doc. Date	Amount	LCurr	Text	Offst.acct
PAYROLL ADJ	1000188163	J040	IJ	9/27/2013	389.45	USD	Retro PP 05 PERNBR C MITCHELL	5130010000
PAYROLL ADJ	1000188164	J040	IJ	9/27/2013	121.04	USD	Retro PP 05 PERNBR J LUMPKIN	5130010000
PAYROLL ADJ	1000188170	J040	IJ	9/27/2013	341.96	USD	Retro PP 06 PERNBR C MITCHELL	5130010000
PAYROLL ADJ	1000188170	J040	IJ	9/27/2013	112.87	USD	Retro PP 06 PERNBR J LUMPKIN	5130010000
PAYROLL ADJ	1000188163	J040	IJ	9/27/2013	193.85	USD	Retro PP 05 PERNBR C MITCHELL	5130010000
PAYROLL ADJ	1000188164	J040	IJ	9/27/2013	60.23	USD	Retro PP 05 PERNBR J LUMPKIN	5130010000
PAYROLL ADJ	1000188170	J040	IJ	9/27/2013	170.19	USD	Retro PP 06 PERNBR C MITCHELL	5130010000
PAYROLL ADJ	1000188170	J040	IJ	9/27/2013	56.17	USD	Retro PP 06 PERNBR J LUMPKIN	5130010000
PAYROLL ADJ	1000188163	J040	IJ	9/27/2013	12.36	USD	Retro PP 05 PERNBR C MITCHELL	5130010000
PAYROLL ADJ	1000188164	J040	IJ	9/27/2013	3.84	USD	Retro PP 05 PERNBR J LUMPKIN	5130010000
PAYROLL ADJ	1000188170	J040	IJ	9/27/2013	11.03	USD	Retro PP 06 PERNBR C MITCHELL	5130010000
PAYROLL ADJ	1000188170	J040	IJ	9/27/2013	3.64	USD	Retro PP 06 PERNBR J LUMPKIN	5130010000
PAYROLL ADJ	1000188163	J040	IJ	9/27/2013	3.05	USD	Retro PP 05 PERNBR C MITCHELL	5130010000
PAYROLL ADJ	1000188164	J040	IJ	9/27/2013	0.95	USD	Retro PP 05 PERNBR J LUMPKIN	5130010000
PAYROLL ADJ	1000188170	J040	IJ	9/27/2013	2.72	USD	Retro PP 06 PERNBR C MITCHELL	5130010000
PAYROLL ADJ	1000188170	J040	IJ	9/27/2013	0.9	USD	Retro PP 06 PERNBR J LUMPKIN	5130010000
PAYROLL ADJ	1000188163	J040	IJ	9/27/2013	3.8	USD	Retro PP 05 PERNBR C MITCHELL	5130010000
PAYROLL ADJ	1000188164	J040	IJ	9/27/2013	1.17	USD	Retro PP 05 PERNBR J LUMPKIN	5130010000
PAYROLL ADJ	1000188170	J040	IJ	9/27/2013	3.34	USD	Retro PP 06 PERNBR C MITCHELL	5130010000
PAYROLL ADJ	1000188170	J040	IJ	9/27/2013	1.1	USD	Retro PP 06 PERNBR J LUMPKIN	5130010000

1493.66

**OCT 2013 FRINGE**

Assignment	DocumentNo	BusA	Typ	Doc. Date	Amount	LCurr	Text	Offst.acct
PAYRL00137	6101068014	J040	PY	10/9/2013	32.66	USD	J040/20131016	1000000010
PAYRL00147	6101041860	J040	PY	9/24/2013	109.98	USD	J040/20131001	1000000010
PAYRL00147	6101068024	J040	PY	10/9/2013	166.23	USD	J040/20131016	1000000010
PAYRL00156	6101041869	J040	PY	9/24/2013	166.23	USD	J040/20131001	1000000010
PAYRL00137	6101068014	J040	PY	10/9/2013	16.25	USD	J040/20131016	1000000010
PAYRL00147	6101041860	J040	PY	9/24/2013	54.72	USD	J040/20131001	1000000010
PAYRL00147	6101068024	J040	PY	10/9/2013	82.74	USD	J040/20131016	1000000010
PAYRL00156	6101041869	J040	PY	9/24/2013	82.73	USD	J040/20131001	1000000010
OCT WORK CO	1000188912	J040	IJ	10/2/2013	3.53	USD	10/1/2013 PERNBR J LUMPKIN Spread Worker's Comp Exp	5130400000
OCT WORK CO	1000188912	J040	IJ	10/2/2013	5.34	USD	10/1/2013 PERNBR C MITCHELL Spread Worker's Comp Exp	5130400000
OCT WORK CO	1000189973	J040	IJ	10/21/2013	1.04	USD	10/16/2013 PERNBR J LUMPKIN Spread Worker's Comp Ex	5130400000
OCT WORK CO	1000189973	J040	IJ	10/21/2013	5.27	USD	10/16/2013 PERNBR C MITCHELL Spread Worker's Comp Ex	5130400000
OCT UNEMPLYN	1000188910	J040	IJ	10/2/2013	0.87	USD	10/1/2013 PERNBR J LUMPKIN Spread Unemployment Expe	5130500000
OCT UNEMPLYN	1000188910	J040	IJ	10/2/2013	1.32	USD	10/1/2013 PERNBR C MITCHELL Spread Unemployment Expe	5130500000
OCT UNEMPLYN	1000189968	J040	IJ	10/21/2013	0.26	USD	10/16/2013 PERNBR J LUMPKIN Spread Unemployment Exp	5130500000
OCT UNEMPLYN	1000189968	J040	IJ	10/21/2013	1.3	USD	10/16/2013 PERNBR C MITCHELL Spread Unemployment Exp	5130500000
PAYRL00137	6101068014	J040	PY	10/9/2013	0.32	USD	J040/20131016	1000000010
PAYRL00147	6101041860	J040	PY	9/24/2013	1.07	USD	J040/20131001	1000000010
PAYRL00147	6101068024	J040	PY	10/9/2013	1.62	USD	J040/20131016	1000000010
PAYRL00156	6101041869	J040	PY	9/24/2013	1.63	USD	J040/20131001	1000000010
PAYRL00069	6101066505	J040	PY	10/9/2013	105.95	USD	J040/20131016	1000000010
PAYRL00069	6101066505	J040	PY	10/9/2013	51.72	USD	J040/20131016	1000000010
OCT WORK CO	1000189973	J040	IJ	10/21/2013	3.36	USD	10/16/2013 PERNBR C PLASS Spread Worker's Comp Ex	5130400000
OCT UNEMPLYN	1000189968	J040	IJ	10/21/2013	0.83	USD	10/16/2013 PERNBR C PLASS Spread Unemployment Exp	5130500000
PAYRL00069	6101066505	J040	PY	10/9/2013	39.26	USD	J040/20131016	1000000010
PAYRL00069	6101066505	J040	PY	10/9/2013	1.47	USD	J040/20131016	1000000010
PAYRL00069	6101066505	J040	PY	10/9/2013	1.04	USD	J040/20131016	1000000010

938.74

**NOV 2013 FRINGE**

Assignment	DocumentNo	BusA	Typ	Doc. Date	Amount	LCurr	Text	Offst.acct
PAYRL00124	6101091903	J040	PY	11/8/2013	75.99	USD	J040/20131115	1000000010
PAYRL00124	6101091903	J040	PY	11/8/2013	37.82	USD	J040/20131115	1000000010
NOV WORK CO	1000192472	J040	IJ	11/18/2013	2.41	USD	11/16/2013 PERNBR C MITCHELL Spread Worker's Comp Ex	5130400000
NOV UNEMPLYN	1000192469	J040	IJ	11/18/2013	0.59	USD	11/16/2013 PERNBR C MITCHELL Spread Unemployment Exp	5130500000
PAYRL00124	6101091903	J040	PY	11/8/2013	0.75	USD	J040/20131115	1000000010



PAYRL00071	6101105359	J040	PY	11/8/2013	105.95 USD	J040/20131115	1000000010
PAYRL00077	6101090292	J040	PY	10/28/2013	105.95 USD	J040/20131101	1000000010
PAYRL00124	6101091903	J040	PY	11/8/2013	97.36 USD	J040/20131115	1000000010
PAYROLL ADJ	1000192226	J040	IJ	11/15/2013	105.95 USD	Retro PP 05 PERNBR C PLASS	5130010000
PAYROLL ADJ	1000192227	J040	IJ	11/15/2013	105.96 USD	Retro PP 06 PERNBR C PLASS	5130610000
PAYROLL ADJ	1000192227	J040	IJ	11/15/2013	105.95 USD	Retro PP 07 PERNBR C PLASS	5130610000
PAYROLL ADJ	1000192228	J040	IJ	11/15/2013	170.97 USD	Retro PP 09 PERNBR C MITCHELL	5130610000
PAYRL00071	6101105359	J040	PY	11/8/2013	51.73 USD	J040/20131115	1000000010
PAYRL00077	6101090292	J040	PY	10/28/2013	51.72 USD	J040/20131101	1000000010
PAYRL00124	6101091903	J040	PY	11/8/2013	48.45 USD	J040/20131115	1000000010
PAYROLL ADJ	1000192226	J040	IJ	11/15/2013	51.72 USD	Retro PP 05 PERNBR C PLASS	5130010000
PAYROLL ADJ	1000192227	J040	IJ	11/15/2013	51.72 USD	Retro PP 06 PERNBR C PLASS	5130610000
PAYROLL ADJ	1000192227	J040	IJ	11/15/2013	51.72 USD	Retro PP 07 PERNBR C PLASS	5130610000
PAYROLL ADJ	1000192228	J040	IJ	11/15/2013	85.1 USD	Retro PP 09 PERNBR C MITCHELL	5130610000
NOV WORK CO	1000191616	J040	IJ	11/4/2013	3.39 USD	11/1/2013 PERNBR C PLASS Spread Worker's Comp Exp	5130400000
NOV WORK CO	1000192472	J040	IJ	11/18/2013	3.08 USD	11/16/2013 PERNBR C MITCHELL Spread Worker's Comp Ex	5130400000
NOV WORK CO	1000192472	J040	IJ	11/18/2013	3.35 USD	11/16/2013 PERNBR C PLASS Spread Worker's Comp Ex	5130400000
PAYROLL ADJ	1000192226	J040	IJ	11/15/2013	3.36 USD	Retro PP 05 PERNBR C PLASS	5130010000
PAYROLL ADJ	1000192227	J040	IJ	11/15/2013	3.42 USD	Retro PP 06 PERNBR C PLASS	5130610000
PAYROLL ADJ	1000192227	J040	IJ	11/15/2013	3.4 USD	Retro PP 07 PERNBR C PLASS	5130610000
PAYROLL ADJ	1000192228	J040	IJ	11/15/2013	5.47 USD	Retro PP 09 PERNBR C MITCHELL	5130610000
NOV UNEMPLYN	1000191615	J040	IJ	11/4/2013	0.84 USD	11/1/2013 PERNBR 10034142 Spread Unemployment Expe	5130500000
NOV UNEMPLYN	1000192469	J040	IJ	11/18/2013	0.76 USD	11/16/2013 PERNBR C MITCHELL Spread Unemployment Exp	5130500000
NOV UNEMPLYN	1000192469	J040	IJ	11/18/2013	0.83 USD	11/16/2013 PERNBR C PLASS Spread Unemployment Exp	5130500000
PAYROLL ADJ	1000192226	J040	IJ	11/15/2013	0.83 USD	Retro PP 05 PERNBR C PLASS	5130010000
PAYROLL ADJ	1000192227	J040	IJ	11/15/2013	0.85 USD	Retro PP 06 PERNBR C PLASS	5130610000
PAYROLL ADJ	1000192227	J040	IJ	11/15/2013	0.84 USD	Retro PP 07 PERNBR C PLASS	5130610000
PAYROLL ADJ	1000192228	J040	IJ	11/15/2013	1.35 USD	Retro PP 09 PERNBR C MITCHELL	5130610000
PAYRL00071	6101105359	J040	PY	11/8/2013	39.26 USD	J040/20131115	1000000010
PAYRL00077	6101090292	J040	PY	10/28/2013	39.26 USD	J040/20131101	1000000010
PAYROLL ADJ	1000192226	J040	IJ	11/15/2013	39.26 USD	Retro PP 05 PERNBR C PLASS	5130010000
PAYROLL ADJ	1000192227	J040	IJ	11/15/2013	39.25 USD	Retro PP 06 PERNBR C PLASS	5130610000
PAYROLL ADJ	1000192227	J040	IJ	11/15/2013	39.25 USD	Retro PP 07 PERNBR C PLASS	5130610000
PAYRL00071	6101105359	J040	PY	11/8/2013	1.47 USD	J040/20131115	1000000010
PAYRL00077	6101090292	J040	PY	10/28/2013	1.47 USD	J040/20131101	1000000010
PAYROLL ADJ	1000192226	J040	IJ	11/15/2013	1.46 USD	Retro PP 05 PERNBR C PLASS	5130010000
PAYROLL ADJ	1000192227	J040	IJ	11/15/2013	1.47 USD	Retro PP 06 PERNBR C PLASS	5130610000
PAYROLL ADJ	1000192227	J040	IJ	11/15/2013	1.47 USD	Retro PP 07 PERNBR C PLASS	5130610000
PAYRL00071	6101105359	J040	PY	11/8/2013	1.04 USD	J040/20131115	1000000010
PAYRL00077	6101090292	J040	PY	10/28/2013	1.04 USD	J040/20131101	1000000010
PAYRL00124	6101091903	J040	PY	11/8/2013	0.95 USD	J040/20131115	1000000010
PAYROLL ADJ	1000192226	J040	IJ	11/15/2013	1.03 USD	Retro PP 05 PERNBR C PLASS	5130010000
PAYROLL ADJ	1000192227	J040	IJ	11/15/2013	1.03 USD	Retro PP 06 PERNBR C PLASS	5130610000
PAYROLL ADJ	1000192227	J040	IJ	11/15/2013	1.03 USD	Retro PP 07 PERNBR C PLASS	5130610000
PAYROLL ADJ	1000192228	J040	IJ	11/15/2013	1.67 USD	Retro PP 09 PERNBR C MITCHELL	5130610000

1550.99

**TOTAL FRINGE - SEPT TO NOV 2013      \$3,983.39**



**G035 - CHRONIC DISEASE SELF-MGMT PGM PPHF**  
**INDIRECT COST - SEPT TO NOV 2013**

**SEPT 2013 INDIRECT COST**

Assignment	DocumentNo	BusA	Typ	Doc. Date	Amount	LCurr	Text	Offst.acct
PAYROLL ADJ 01	1000188173	J040	IJ	9/27/2013	138.81	USD	Retro PP 05 PERNBR C MITCHELL	5210010000
PAYROLL ADJ 01	1000188173	J040	IJ	9/27/2013	13.97	USD	Retro PP 05 PERNBR C MITCHELL	5210010000
PAYROLL ADJ 01	1000188173	J040	IJ	9/27/2013	134.16	USD	Retro PP 06 PERNBR C MITCHELL	5210010000
PAYROLL ADJ 03	1000188247	J040	IJ	9/27/2013	47.49	USD	Retro PP 05 PERNBR J LUMPKIN	5210010000
PAYROLL ADJ 03	1000188247	J040	IJ	9/27/2013	44.28	USD	Retro PP 06 PERNBR J LUMPKIN	5210010000
PAYROLL ADJ 05	1000188264	J040	IJ	9/27/2013	195.67	USD	Retro PP 05 PERNBR C MITCHELL	5210020000
PAYROLL ADJ 05	1000188264	J040	IJ	9/27/2013	19.7	USD	Retro PP 05 PERNBR C MITCHELL	5210020000
PAYROLL ADJ 05	1000188264	J040	IJ	9/27/2013	189.11	USD	Retro PP 06 PERNBR C MITCHELL	5210020000
PAYROLL ADJ 05	1000188264	J040	IJ	9/27/2013	66.94	USD	Retro PP 05 PERNBR J LUMPKIN	5210020000
PAYROLL ADJ 05	1000188264	J040	IJ	9/27/2013	62.42	USD	Retro PP 06 PERNBR J LUMPKIN	5210020000
PAYROLL ADJ 01	1000188249	J040	IJ	9/27/2013	93.48	USD	Retro PP 05 PERNBR J LUMPKIN	5210020003
PAYROLL ADJ 01	1000188249	J040	IJ	9/27/2013	87.17	USD	Retro PP 06 PERNBR J LUMPKIN	5210020003
PAYROLL ADJ 02	1000188176	J040	IJ	9/27/2013	273.25	USD	Retro PP 05 PERNBR C MITCHELL	5210020003
PAYROLL ADJ 02	1000188176	J040	IJ	9/27/2013	27.51	USD	Retro PP 05 PERNBR C MITCHELL	5210020003
PAYROLL ADJ 02	1000188176	J040	IJ	9/27/2013	264.08	USD	Retro PP 06 PERNBR C MITCHELL	5210020003

**\$1,658.04 USD**

**OCT 2013 INDIRECT COST**

Assignment	DocumentNo	BusA	Typ	Doc. Date	Amount	LCurr	Text	Offst.acct
OCTIDC	1000190048	J040	IJ	10/22/2013	65.21	USD	101613_Agency State Portion	4300040000
OCTIDC	1000190048	J040	IJ	10/22/2013	12.81	USD	101613_Agency State Portion	4300040000
OCTIDC	1000188296	J040	IJ	10/2/2013	91.93	USD	100113_Health Services Admin	4300050001
OCTIDC	1000190046	J040	IJ	10/22/2013	18.06	USD	101613_Health Services Admin	4300050001
OCTIDC	1000188466	J040	IJ	10/2/2013	128.37	USD	100113_Agency NonState Funds	4300050003
OCTIDC	1000190049	J040	IJ	10/22/2013	25.22	USD	101613_Agency NonState Funds	4300050003
OCTIDC	1000190048	J040	IJ	10/22/2013	41.57	USD	101613_Agency State Portion	4300040000
PAYROLL ADJ 07	1000189960	J040	IJ	10/18/2013	65.21	USD	Retro PP 07 PERNBR C MITCHELL	5210020002
PAYROLL ADJ 07	1000189960	J040	IJ	10/18/2013	43.15	USD	Retro PP 07 PERNBR J LUMPKIN	5210020002
OCTIDC	1000190046	J040	IJ	10/22/2013	58.59	USD	101613_Health Services Admin	4300050001
PAYROLL ADJ 07	1000190075	J040	IJ	10/18/2013	91.93	USD	Retro PP 07 PERNBR C MITCHELL	4300050000
PAYROLL ADJ 07	1000190075	J040	IJ	10/18/2013	60.83	USD	Retro PP 07 PERNBR J LUMPKIN	4300050000
OCTIDC	1000190049	J040	IJ	10/22/2013	81.82	USD	101613_Agency NonState Funds	4300050003
PAYROLL ADJ 04	1000190076	J040	IJ	10/18/2013	128.37	USD	Retro PP 07 PERNBR C MITCHELL	5210020002
PAYROLL ADJ 06	1000189887	J040	IJ	10/18/2013	84.94	USD	Retro PP 07 PERNBR J LUMPKIN	4300050003

**\$998.01 USD**

**NOV 2013 INDIRECT COST**

Assignment	DocumentNo	BusA	Typ	Doc. Date	Amount	LCurr	Text	Offst.acct
NOVIDC	1000192735	J040	IJ	11/18/2013	29.81	USD	111613_Agency State Portion	4300040000
NOVIDC	1000192823	J040	IJ	11/20/2013	42.02	USD	111613_Health Services Admin	4300050001
NOVIDC	1000192876	J040	IJ	11/20/2013	58.69	USD	111613_Agency NonState Funds	4300050003
NOVIDC	1000191928	J040	IJ	11/4/2013	41.57	USD	110113_Agency State Portion	4300040000
NOVIDC	1000192735	J040	IJ	11/18/2013	79.77	USD	111613_Agency State Portion	4300040000
PAYROLL ADJ 06	1000192262	J040	IJ	11/15/2013	67.08	USD	Retro PP 09 PERNBR C MITCHELL	4300050001
PAYROLL ADJ 06	1000192262	J040	IJ	11/15/2013	41.57	USD	Retro PP 05 PERNBR C PLASS	4300050001
PAYROLL ADJ 06	1000192262	J040	IJ	11/15/2013	41.57	USD	Retro PP 06 PERNBR C PLASS	4300050001
PAYROLL ADJ 06	1000192262	J040	IJ	11/15/2013	41.57	USD	Retro PP 07 PERNBR C PLASS	4300050001
NOVIDC	1000191926	J040	IJ	11/4/2013	58.59	USD	110113_Health Services Admin	4300050001
NOVIDC	1000192823	J040	IJ	11/20/2013	112.43	USD	111613_Health Services Admin	4300050001
PAYROLL ADJ 06	1000192262	J040	IJ	11/15/2013	94.55	USD	Retro PP 09 PERNBR C MITCHELL	4300050001
PAYROLL ADJ 06	1000192262	J040	IJ	11/15/2013	58.59	USD	Retro PP 05 PERNBR C PLASS	4300050001
PAYROLL ADJ 06	1000192262	J040	IJ	11/15/2013	58.59	USD	Retro PP 06 PERNBR C PLASS	4300050001
PAYROLL ADJ 06	1000192262	J040	IJ	11/15/2013	58.59	USD	Retro PP 07 PERNBR C PLASS	4300050001
NOVIDC	1000191930	J040	IJ	11/4/2013	81.82	USD	110113_Agency NonState Funds	4300050003
NOVIDC	1000192876	J040	IJ	11/20/2013	157.01	USD	111613_Agency NonState Funds	4300050003
PAYROLL ADJ 04	1000192264	J040	IJ	11/15/2013	132.04	USD	Retro PP 09 PERNBR C MITCHELL	4300050003
PAYROLL ADJ 04	1000192264	J040	IJ	11/15/2013	81.82	USD	Retro PP 05 PERNBR C PLASS	4300050003
PAYROLL ADJ 04	1000192264	J040	IJ	11/15/2013	81.82	USD	Retro PP 06 PERNBR C PLASS	4300050003
PAYROLL ADJ 04	1000192264	J040	IJ	11/15/2013	81.82	USD	Retro PP 07 PERNBR C PLASS	4300050003

**\$1,501.32 USD**

**TOTAL INDIRECT COST - SEPT TO NOV 2013**

**\$4,157.37**



# Display Document: Data Entry View



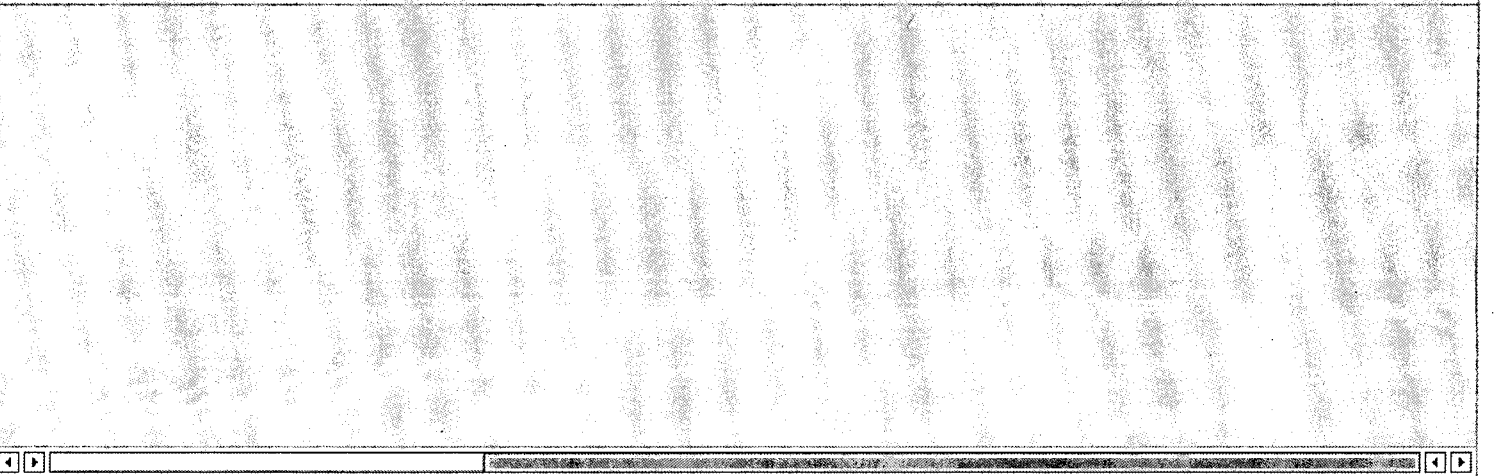
## Display Document: Data Entry View



Data Entry View			
Document Number	3004270535	Company Code	SC01
Document Date	09/27/2013	Fiscal Year	2014
Reference	PCARD-10/13-NT1	Posting Date	10/11/2013
Currency	USD	Period	4
		Cross-Comp.No.	
		Texts exist	<input type="checkbox"/>
		Ledger Group	



CO	Item	PK	Account	Cmnt Item	Ext Rev A/c	Description	Amount	BUSA	Fund	Part F	Grant	Cost Center	Func Area	Funded Progr
SC01	662	40	5030060000	5030060000		DATA PROCESS SUPP	66.34	J040	50550000		J0401G034004	J0402AC6C0	J040_0029	J0402AC6C0
							66.34							

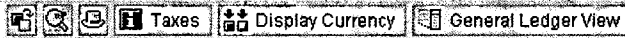




# Display Document: Data Entry View



## Display Document: Data Entry View



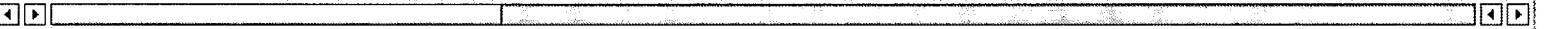
### Data Entry View

Document Number	3900191462	Company Code	SC01	Fiscal Year	2014
Document Date	09/30/2013	Posting Date	10/21/2013	Period	4
Reference	USE TAX SEP 2013	Cross-Comp.No.			
Currency	USD	Texts exist	<input type="checkbox"/>	Ledger Group	



Co...	Item	PK	Account	Commit Item	Ex/Rev A/c	Description	Amount	BusA	Fund	PartFund	Grant	Cost Center	Func. Area	Funded Program
SC01	92	40	5030060000	5030060000		DATA PROCESS SUPP	5.31	J040	50550000		J04010034004	J0402AC6C0	J040_0029	J0402AC6C0_0

5.31





13688

US Inv

**VISA CARD TRANSACTION  
REPORT**

Total Charge: \$ \_\_\_\_\_

This includes shipping &amp; SC State Tax

Use Tax: \$ \_\_\_\_\_

Tax added for Out of State Vendors

Total w/ Use Tax: \$ ~~69.98~~ 66.34**FUNDING**Class Code: 5030060000Cost Center: J040 2A660Functional Area: J040 0029Fund Number: 1001000 - 50550000 - 34720003Grant Number: J040 10034004Activity: G

(to be added w/ Func Area)

**CREDIT/REFUND**

Provide funding information

To apply credit back to original  
budget charged

Vendor: \_\_\_\_\_

Credit Amt: \$ \_\_\_\_\_

Class Code: \_\_\_\_\_

Cost Center: J040Functional Area: J040Fund Number: 1001000 - 50550000 - 34720003Grant Number: J040Activity: \_\_\_\_\_  
(to be added w/ Func Area)



# HEALTH SERVICES PURCHASE REQUEST FORM

13688  
D

**PURCHASED FOR:** Cora Plass **DATE:** 26-Jul-13

NAME IDENTIFIES FUNDING SOURCE TO BE CHARGED---ATTACH DETAIL LISTING WHEN USING MULTIPLE FUNDING SOURCES

**BUREAU/DIVISION AREA:** Healthy Aging **PROJECT/GRANT BEING CHARGED** \_\_\_\_\_

**SUGGESTED VENDOR:** ADALGOA HP Store **PHONE:** \_\_\_\_\_

**ADDRESS OF VENDOR:** online **FAX #:** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** USTAK \_\_\_\_\_

**SHIP TO LOCATION: (Address)** Healthy Aging, Columbia Mills Building, 301 Gervais Street; Columbia, SC 29201

(If multiple ship to locations, provide attachment with ship to locations: include Room Number, Phone Number and Contact Person at that location)

**ATTN: (Name)** \_\_\_\_\_ **PH.#** \_\_\_\_\_

QTY	DESCRIPTION When referring to a vendor catalog, please use a current catalog. Also indicate page number of item(s) requested.	PG #	EST. UNIT PRICE	EST. TOTAL PRICE
2	HEW CD975AN 920 XL Black Ink Cartridges for HP Office Jet 6500 All in One <u>Fax machine</u>		\$34.99	\$69.98
	JUSTIFICATION: Machine will be used for faxes only <u>needed</u>			
	<u>to receive data for entrance-exit</u>			
	<u>program to meet student services</u>			
	<b>TOTAL</b>	<u>CD</u>		\$69.98

## Special Instructions:

1. Please attach documentation and/or written justification for item(s) requested if necessary.
2. Requestor MUST obtain IT Approval prior to submitting Purchase Request to HSA Procurement Services.
3. If you contact a vendor, do not obligate DHEC financially to any purchase (see HSA Customer Manual).
4. Receiver Signature is required below when using the DHEC 0187 for Visa Purchasing Card transactions.
5. Additional Approval Signatures may be required according to your Bureau protocol.

**RECEIVED**

AUG 14 2013

**Deputy Director  
Preventive Services**

Deputy Commissioner Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Asst. Deputy Commissioner Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Bureau Director Approval: \_\_\_\_\_

Date: 8/14/13

Division Director Approval: \_\_\_\_\_

Date: 08/13/2013

Program Supervisor Approval: \_\_\_\_\_

Date: 08/13/2013

Information Technology Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Receiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE FORWARD COMPLETED AND APPROVED REQUEST FORM TO HEALTH SERVICES ADMINISTRATION.

DHEC 0187 (02/2005)

0024  
DOYDACC60

508016034004 8/23/13



U.S. Ink and Toner, Inc.  
P O Box 6115  
Charlotte, NC 28207  
Phone 866-636-8142  
Fax 704-210-8046  
eMail usinkandtoner@bellsouth.net

# Invoice

Date	Invoice #
9/6/2013	6018922

Bill To
SC DHEC Myrtle Beach Attn: Donna Hall 927 Shine Ave. Myrtle Beach, SC 29577

**PAID**  
09/06/2013

Ship To
SC DHEC Attn: Deborah Huff 301 Gervais St. Columbia, SC 29201

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PC-0890	Net 30	TGH		FedEx Ground		
Quantity	Item Code	Description			Price Each	Amount
2	C-CD975AN	HP Ink Cartridge Black 920XL  Shipped via FedEx 6226340 15093939  Paid by Credit Card xxx0890 5517478867			33.17	66.34
Total						\$66.34



STATE EMP (Y/N): Y ADVISORY BOARD (Y/N): N

SSN: 247-82-1273 VNR CODE: 11628 CHK CODE: 010 DATE: 12/09/2013

NAME: CARLON J MITCHELL

OFFICIAL HQ LOCATION: NAP 12

STREET: 1905 IRVING RD

CITY OF RESIDENCE: CHARLESTON

CITY &amp; STATE: CHARLESTON, SC

ZIP: 29407

COST CENTER TITLE: ADMINISTRATION

LGOA Grant

MONTHLY

TRAVEL EXPENSE

REPORT

Check for Travel Expenses Paid to Non-State Employee and Explain Purpose Below.

Code all expenditures except reportable meals to 5023201. Code reportable meals to 5023701.

Meals Reportable as Income:	5052001
IN STATE 1	5050401 5050402 5017201 5050101 5050201 5050301 5050501  SEE 5050701
OUT STATE 2	5051401 5051402 5017201 5051101 5051201 5051301 5051501  ATTACH 5051701

DATE	TIME	DESTINATION OF TRAVEL	CITY	STATE	AUTO	REDUCED	BER	MEALS	LODGING	AIR	OTHER	MISC.	REGISTER	
MMDDYY	AA	PERM	TO		P R	2	MILES	MILEAGE	DIEM		TRANS	TRANS	EXPENSE	FEES
110513	D 0229	P RES	SC	COLA	SC	N N 1		119		12.00				
				arthritis										
110613	C 0001	A Cola	SC	COLA/VIC	SC	N N 1		20		19.00				
				arthritis										
110713	A 0700	P COLA	SC	RES	SC	N N 1		132		7.00				
				arthritis										
111213	D 0251	P RES	SC	COLA	SC	N N 1		120		12.00				
				arthritis										
111313	C 0001	A Cola	SC	COLA	SC	N N 1		8		19.00				
				arthritis										
111413	A 0700	P COLA	SC	RES	SC	N N 1		128						
				arthritis										
111913	D 0000	A RES	SC			1								
111913	A 0000	P		VIC/RET	SC	1		24						
				arthritis										
112013	D 0000	A RES	SC			1								
112013	A 0000	P		VIC/RET	SC	1		123						

5050401	5050402	5017201	5050101	5050201	5050301	5050501	SEE	5050701
0 x0.565	674 x0.525	0.00	69.00	0.00	0.00	0.00	0.00	0.00
0.00	353.85		5052001					
			0.00				→ IN STATE TOTAL	422.85
5051401	5051402	5017201	5051101	5051201	5051301	5051501	ATTACH	5051701
0 x0.565	0 x0.525	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00		5052001					
			0.00				→ OUT OF STATE TOTAL	0.00

TRAVEL ADVANCE (5050901) \$ 0.00

&lt;less&gt; PREVIOUS TRAVEL ADVANCE \$ 0.00

GRAND TOTAL | 422.85

I HEREBY CERTIFY OR AFFIRM THAT THE ABOVE EXPENSES WERE ACTUALLY INCURRED BY ME AS NECESSARY TRAVELING EXPENSES IN THE PERFORMANCE OF MY OFFICIAL DUTIES ANY MEALS OR LODGING INCLUDED IN A CONFERENCE OR CONVENTION REGISTRATION FEE PAID BY THE AGENCY HAVE BEEN DEDUCTED FROM THIS TRAVEL CLAIM; AND THAT THIS CLAIM IS TRUE AND CORRECT IN EVERY MATERIAL MATTER AND CONFORMS WITH THE REQUIREMENTS OF STATE LAWS, RULES AND REGULATIONS.

SIGNATURE

Carlton J Mitchell

DATE

12/11/2013

APPROVED

Joe Kyle

DATE

12/13/13



MONTHLY  
TRAVEL EXPENSE  
REPORT

[illegible]



**SECTION B**

PLEASE MAKE THE FOLLOWING RESERVATIONS:

**TRANSPORTATION:**

\_\_\_\_\_ State Vehicle \_\_\_\_\_ - # of Passengers  
In State vehicle **1** Personal Vehicle \_\_\_\_\_ - # of Passengers  
In personal vehicles  
state car not available

**LODGING:**

Hotel Preference Spring Hill Suites Hotel Phone #: \_\_\_\_\_  
Arrival Date 11/5 & 12 Time 5:00 PM Departure Date 11/7 & 14 Time 8:00 AM  
\_\_\_\_\_ Single Room; x Double Room; \$79.00 4 (number of nights)  
x Direct Bill Lodging \_\_\_\_\_ (number of rooms)  
Please guarantee hotel reservation for late arrival. Credit Card Name \_\_\_\_\_  
Account# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**CALCULATION OF ESTIMATED COST OF TRIP:**

\$0.00	Registration Fee	NA
\$271.00	Transportation	480 Approx. 480 miles round trip for workshop sessions. State Car not available
\$316.00	Lodging	\$79/night x 4 plus tax (sharing room with another Master Trainer)
\$100.00	Meals	4 # of Breakfast 4 # of Lunches 4 # of Dinners
	Other (Taxi, Parking, etc.)	
\$687.00	TOTAL ESTIMATED COST	

COST CENTER

ADA/LBOA  
Grant

FUND NUMBER

ANALYTICAL CODE



# REQUEST FOR IN-STATE TRAVEL/WORKSHOP ARRANGEMENTS

## SECTION A

NAME: Carlton Mitchell SSN: 1273

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

RECEIVED

NAME OF MEETING/WORKSHOP: Better Choices, Better Health Leader Training

DATE(S) OF MEETING/WORKSHOP: November 5-8 and 12-13, 2013 NOV 5 2013

MEETING SITE: Progressive Church Life Center

ADDRESS/CITY: 2224 Barhamville Road; Columbia, SC 29204

Deputy Director  
Preventive Services

ANNUAL LEAVE DATE(S) (if appropriate): \_\_\_\_\_

**JUSTIFICATION FOR TRAVEL/WORKSHOP** (attach original registration form and agenda describing meeting/workshop):

REGISTRATION FEE: (Requires at least 15 working days for processing.)

\_\_\_\_\_ Yes \_\_\_\_\_ No. Place "X" in appropriate box to show if registration covers meals.

\_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner Indicate number of meals covered by registration.

APPROVED BY:

[Signature]  
Supervisor's Signature

[Signature]  
Other Required Signature

11/5/13  
Date

11/5/13  
Date

COMMENTS: Ms. Mitchell will be in the instructor for the training. The initial instructor had to cancel

and Ms. Mitchell will be taking her place.



**ARTHRITIS PROGRAM**

**JUSTIFICATION TO STAY OVER NIGHT IN COLUMBIA**

I AM A MASTER TRAINER FOR THE CHRONIC DISEASE SELF MANAGEMENT PROGRAM (BETTER CHOICES BETTER HEALTH). I AM SCHEDULED TO TEACH A LEADER TRAINING IN COLUMBIA ON November 6, 7, 2013 AND November 13, 14, 2013.

I WILL NEED TO GO TO COLUMBIA ON THE AFTERNOON OF November 5, AND November 12 and STAY OVERNIGHT. THIS WILL MEAN A HOTEL STAY OF 2 NIGHTS - For the first week of training and 2 nights the second week of training.

PART OF MY JOB AS A MASTER TRAINER IN THE CHRONIC DISEASE SELF MANAGEMENT PROGRAM IS TO TEACH OTHERS IN THE STATE OF SOUTH CAROLINA THIS EVIDENCED BASED PROGRAM FOR IMPLEMENTATION BY VARIOUS PARTNERS IN THE COMMUNITY.

The scheduled trainer cancelled at the last minute. Carlton Mitchell was the only trainer available.



### TRAVEL CERTIFICATION BY EMPLOYEE FOR REIMBURSEMENT\*

The undersigned employee/official hereby certifies that (1) the expenses shown on this travel reimbursement request were incurred by the employee/official as necessary travelling expenses in the performance of his/her official duties as a state employee/official; (2) any meals or lodging included in a conference or convention registration fee have been deducted from the travel reimbursement request; (3) travel by commercial airlines by the state employee was by the most economical air fare class (for example, economy, coach, or tourist), except as justified and approved by the agency/institution on the attached (scanned) form; (4) lodging expenses for the state employee conformed to the current maximum lodging rate established for the location by the US General Services Administration, except as justified and approved by the agency/institution on the attached (scanned) form; and (5) this travel reimbursement request complies with all applicable state laws, rules, and regulations.

  
Signature of Traveling Employee/Official

Carlton J. Mitchell  
Typed name

Arthritis Regional Coordinator  
Title  
Date: \_\_\_\_\_

*\*For further guidance, please refer to the current Appropriations Act, applicable statutes, and the current Budget & Control Regulations for Reimbursement for Travel and Subsistence Expenses.*

Excerpt from Budget & Control Board Regulations: "A traveler on official business will exercise the same care in incurring expenses and accomplishing an assignment that a prudent person would exercise if traveling on personal business. Excess costs, circuitous routes, delays or luxury accommodations unnecessary or unjustified in the performance of an assignment are not considered acceptable as exercising prudence....It is the duty and responsibility of the respective department heads to insure compliance with these regulations."



Carlton Mitchell  
1905 Ivy Hall Rd  
Charleston SC 29407-3523  
Dhec

Room: 329  
Room Type: QQST  
Number of Guests: 1  
Rate: \$159.00 Clerk: MVG

Arrive: 12Nov13 Time: 05:07PM Depart: 14Nov13 Time: 08:16AM

Folio Number: 97578

Date	Description	Charges	Credits
12Nov13	Room Charge	159.00	
12Nov13	Occupancy Sales Tax	7.95	
12Nov13	State Occupancy Tax	11.13	
12Nov13	Convention and Tourism Tax	1.07	
13Nov13	Room Charge	159.00	
13Nov13	Occupancy Sales Tax	7.95	
13Nov13	State Occupancy Tax	11.13	
13Nov13	Convention and Tourism Tax	1.07	
14Nov13	Master Card		179.15

Card #: MCXXXXXXXXXXXX9923/XXXX

Amount: 179.15 Auth: H9277B Signature on File

This card was electronically swiped on 14Nov13

Balance: 179.15

Rewards Account # XXXXX0654. Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

Using A Debit Card For Your Stay? Depending On Your Banks Authorization Release Policies, You Will Receive A Credit For Any Difference Than The Total Amount Of Your Bill Typically Within 3-5 Business Days.

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.

Carlton Mitchell  
Better Choices, Better Health Training

10 overnight 11/12/2013 - 11/13/2013  
Checked out on 11/14/2013.





## Direct Bill Authorization Letter

11 / 05 / 2013  
Date

Springhill Suites Marriott Hotel

Name of Hotel/Motel

511 Lady Street

Address

Columbia, S.C.

City, State, Zip Code

To Whom It May Concern:

This letter is provided as your authorization to direct bill South Carolina Department of Health and Environmental Control (SC DHEC) for lodging expenses (room plus tax only) incurred by the following:

State or Non-State Employee Name	Social Security # (Last 4 digits)	Arrival Date	Departure Date	Single/Double
Carlton Mitchell	1273	November 5, 2013	November 7, 2013	Double
		November 12, 2013	November 14, 2013	Double

Room rate should not exceed the government rate of \$ 169 (79+taxes) (plus tax) per night for single or double occupancy. *Rate Employee staying in Double room & other make this*

Please mail the itemized invoice signed by the employee to:

SC DHEC- Bureau of Financial Management  
2600 Bull Street  
Columbia, SC 29201

*half of Bill will be 79.00 + taxes per night*

You may reach me at (803) 898-0760 if you have any questions.

Sincerely,

*Joe Kyle 11/5/13*  
\_\_\_\_\_  
Joe Kyle, Director  
Bureau of Community Health & COP  
(Budget Authority- Name/Title/Program Area)

Cost Center \_\_\_\_\_

C: SC DHEC Bureau of Financial Management



# REQUEST FOR IN-STATE TRAVEL/WORKSHOP ARRANGEMENTS

## SECTION A

NAME: Carlton Mitchell SSN: 1273  
 NAME:  SSN:   
 NAME:  SSN:   
 NAME OF MEETING/WORKSHOP: Better Choices, Better Health Leader Training  
 DATE(S) OF MEETING/WORKSHOP: November 5-6 and 12-13, 2013  
 MEETING SITE: Progressive Church Life Center  
 ADDRESS/CITY: 2224 Barnhamville Road, Columbia, SC 29204  
 ANNUAL LEAVE DATE(S) (If appropriate):

RECEIVED

NOV 5 2013

Deputy Director  
Preventive Services

## JUSTIFICATION FOR TRAVEL/WORKSHOP (attach original registration form and agenda describing meeting/workshop):

REGISTRATION FEE: (Requires at least 15 working days for processing.)

☐ Yes ☐ No. Place "X" in appropriate box to show if registration covers meals.  
☐ Breakfast ☐ Lunch ☐ Dinner Indicate number of meals covered by registration.

APPROVED BY:

Supervisor's Signature

Other Required Signature

Date

Date

COMMENTS:

Ms. Mitchell will be in the instructor for the training. The initial instructor had to cancel  
and Ms. Mitchell will be taking her place.



**SECTION B**

PLEASE MAKE THE FOLLOWING RESERVATIONS:

**TRANSPORTATION:**

☐ State Vehicle ☐ - # of Passengers in State vehicle ☐ 1 Personal Vehicle ☐ - # of Passengers in personal vehicles  
state car not available

**LODGING:**

Hotel Preference Spring Hill Suites Hotel Phone #   
Arrival Date 11/5 & 12 Time 5:00 PM Departure Date 11/7 & 14 Time 8:00 AM  
☐ Single Room; ☒ Double Room; \$79.00 4 (number of nights)  
☒ Direct Bill Lodging  (number of rooms)  
Please guarantee hotel reservation for late arrival. Credit Card Name   
Account#  Expiration Date:

**CALCULATION OF ESTIMATED COST OF TRIP:**

\$0.00	Registration Fee	<u>NA</u>
\$271.00	Transportation	<u>480 Approx. 480 miles round trip for workshop sessions. State Car not available</u>
\$316.00	Lodging	<u>\$79/night x 4 plus tax (sharing room with another Master Trainer)</u>
\$100.00	Meals	<u>4 # of Breakfast</u> <u>4 # of Lunches</u> <u>4 # of Dinners</u>
	Other (Taxi, Parking, etc.)	<u></u>
\$687.00	TOTAL ESTIMATED COST	<u></u>

COST CENTER ADA/LBOA FUND NUMBER  ANALYTICAL CODE   
Grant



TRAVEL CERTIFICATION BY AGENCY/INSTITUTION FOR ACCOUNTS PAYABLE\*

The undersigned authorized agency/institution representative hereby certifies that (1) the expenses shown on this travel accounts payable request were incurred by the employee/official of the agency/institution as necessary travelling expenses in the performance of his/her/their official duties as state employees/officials; (2) any meals or lodging included in a conference or convention registration fee have been deducted from the travel reimbursement request; (3) travel by commercial airlines by the state employee was by the most economical air fare class (for example, economy, coach or tourist), except as justified and approved by the agency/institution on the attached (scanned) form; (4) lodging expenses for the state employee [not payable by Procurement Card] conformed to the current maximum lodging rate established for the location by the US General Services Administration, except as justified and approved by the agency/institution on the attached (scanned) form; and (5) this travel accounts payable request complies with all applicable state laws, rules, and regulations.

Carlton Mitchell  
Name of Traveling Employee/Official

Program Coord. II  
Title  
# 300/6121

Willie C. Salley Jr.  
Signature of Authorized Agency/Institution Representative

Willie C. Salley, Jr.  
Printed name and title Fiscal Analyst

Date: 11/20, 2013

\*For further guidance, please refer to the current Appropriations Act, applicable statutes, and the current Budget & Control Regulations for Reimbursement for Travel and Subsistence Expenses.

Excerpt from Budget & Control Board Regulations: "A traveler on official business will exercise the same care in incurring expenses and accomplishing an assignment that a prudent person would exercise if traveling on personal business. Excess costs, circuitous routes, delays or luxury accommodations unnecessary or unjustified in the performance of an assignment are not considered acceptable as exercising prudence....It is the duty and responsibility of the respective department heads to insure compliance with these regulations."





SpringHill Suites by Marriott

511 Lady St  
Columbia, SC 29201  
(803) 978 2333

Carlton/Mrs Mitchell  
1905 Ivy Hall Rd  
Charleston SC 29407-3523  
Dhec

Room: 311  
Room Type: QQS  
Number of Guests: 1  
Rate: \$159.00  
Clerk: MW2

Arrive: 05Nov13 Time: 04:37PM Depart: 07Nov13 Time: 07:56AM Folio Number: 97576

Date	Description	Charges	Credits
05Nov13	Room Charge	159.00	
05Nov13	Occupancy Sales Tax	7.95	
05Nov13	State Occupancy Tax	11.13	
05Nov13	Convention and Tourism Tax	1.07	
06Nov13	Room Charge	159.00	
06Nov13	Occupancy Sales Tax	7.95	
06Nov13	State Occupancy Tax	11.13	
06Nov13	Convention and Tourism Tax	1.07	
07Nov13	Master Card		179.15

Card #: MCXXXXXXXXXXXX9923XXXX  
Amount: 179.15 Auth: H5550B Signature on File  
This card was electronically swiped on 07Nov13

Balance: 179.15

Rewards Account # XXXXX0654. Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

Using A Debit Card For Your Stay? Depending On Your Banks Authorization Release Policies, You Will Receive A Credit For Any Difference Than The Total Amount Of Your Bill Typically Within 3-5 Business Days.

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.

Carlton J. Mitchell

Better Choices, Better Health Training

Taught class  
overnight

11/5/2013 - 11/6/2013

Checked out on 11/7/2013

\* paying only 1/2 of my share  
159.00 + tax  
shared room with  
second Master Trainer

The undersigned agrees to make immediate payment upon receipt of statement. In the event such payment is not made within 30 days after receipt of the original statement, It is agreed that the hotel may impose a late payment charge at a rate of 1 1/2% per month [annual rate of 18%], or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fees.





## Direct Bill Authorization Letter

11 / 05 / 2013  
Date

Springhill Suites Marriott Hotel

Name of Hotel/Motel

511 Lady Street

Address

Columbia, S.C.

City, State, Zip Code

To Whom It May Concern:

This letter is provided as your authorization to direct bill South Carolina Department of Health and Environmental Control (SC DHEC) for lodging expenses (room plus tax only) incurred by the following:

State or Non-State Employee Name	Social Security # (Last 4 digits)	Arrival Date	Departure Date	Single/Double
Carlton Mitchell	1273	November 5, 2013	November 7, 2013	Double
		November 12, 2013	November 14, 2013	Double

Room rate should not exceed the government rate of \$ 159 (79+taxes) (plus tax) per night for single or double occupancy. *Rate Employee staying in Double room 5 other make sharing*

Please mail the itemized invoice signed by the employee to:

SC DHEC- Bureau of Financial Management  
2600 Bull Street  
Columbia, SC 29201

*half of Bill will be 79.00 + taxes per night*

You may reach me at (803) 898-0760 if you have any questions.

Sincerely,

*Joe Kyle 11/5/13*  
\_\_\_\_\_  
Joe Kyle, Director  
Bureau of Community Health & CDP  
(Budget Authority- Name/Title/Program Area)

Cost Center \_\_\_\_\_

C: SC DHEC Bureau of Financial Management



# REQUEST FOR IN-STATE TRAVEL/WORKSHOP ARRANGEMENTS

## SECTION A

NAME: Carlton Mitchell SSN: 1273

NAME:  SSN:

NAME:  SSN:

NAME OF MEETING/WORKSHOP: Better Choices, Better Health Leader Training

DATE(S) OF MEETING/WORKSHOP: November 5-6 and 12-13, 2013 Nov 5 2013

MEETING SITE: Progressive Church Life Center

ADDRESS/CITY: 2224 Barnhamville Road, Columbia, SC 29204 Deputy Director  
Preventive Services

ANNUAL LEAVE DATE(S) (If appropriate):

RECEIVED

## JUSTIFICATION FOR TRAVEL/WORKSHOP (attach original registration form and agenda describing meeting/workshop):

REGISTRATION FEE: (Requires at least 15 working days for processing.)

☐ Yes ☐ No. Place "X" in appropriate box to show if registration covers meals.

☐ Breakfast ☐ Lunch ☐ Dinner Indicate number of meals covered by registration.

APPROVED BY:

Supervisor's Signature

Other Required Signature

Date

Date

COMMENTS:

Ms. Mitchell will be in the instructor for the training. The initial instructor had to cancel

and Ms. Mitchell will be taking her place.



# SECTION B

PLEASE MAKE THE FOLLOWING RESERVATIONS:

## TRANSPORTATION:

State Vehicle ☐ - # of Passengers in State vehicle ☐ Personal Vehicle ☒ - # of Passengers in personal vehicles ☐  
state car not available

## LODGING:

Hotel Preference Spring Hill Suites Hotel Phone #:   
Arrival Date 11/5 & 12 Time 5:00 PM Departure Date 11/7 & 14 Time 8:00 AM  
Single Room: ☒ Double Room: \$79.00 4 (number of nights)  
☒ Direct Bill Lodging  (number of rooms)  
Please guarantee hotel reservation for late arrival. Credit Card Name   
Account#  Expiration Date:

## CALCULATION OF ESTIMATED COST OF TRIP:

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\$100.00	Meals	4 # of Breakfast 4 # of Lunches 4 # of Dinners
	Other (Taxi, Parking, etc.)	
\$687.00	TOTAL ESTIMATED COST	

COST CENTER ADA/LBOA FUND NUMBER Grant ANALYTICAL CODE



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Carlton Mitchell  
Name of Traveling Employee/Official

Program Coord. II  
Title  
# 30016121

Willie C. Salley Jr.  
Signature of Authorized Agency/Institution Representative

Willie C. Salley, Jr.  
Printed name and title Fiscal Analyst

Date: 11/20, 2013

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