



2015 Payment Request Form
07/01/14 Through 06/30/15

South Carolina Lieutenant Governor - Office on Aging
Insurance Counseling Services

Agency Name: Office of Rural Health/The Benefits Bank of SC Program
Document Number: BB IC15

Prepared by:

Payment Request #:
YTD Expenses through:
Final Pmt ?

8/31/14
MO YRS

Functional Area	Grant Name	Source of Funds F=Federal S=State L=Local	(a)		(b)	(c)	(d)	(e)	(f)	(g)	(h)
			C D F A	SFY 14/15 Total Grant Award	YTD Expenses 7/1/2014 through 9/30/14	Total of All Previous Requests	Amount Requested this Period (b) - (c)	Federal (F) Share Required	State (S) Share Required	Local (L) Share Contributed	Revised Current Award Balance (a) - (c) - (d)
		Do not change amounts in Column (a)					If negative, enter Zero				
5B06	MIPPA13	MIPPA Grant # IX0CMS331265-01 (Sep 30, 2013 to Sep 29, 2014)	93.071	\$6,445.00	\$6,300.00	\$5,475.00	\$825.00	\$825.00			\$145.00
					\$0.00	\$0.00	\$0.00	\$0.00			\$0.00
	TOTALS SFY 2015			\$6,445.00	\$6,300.00	\$5,475.00	\$825.00	\$825.00	\$0.00	\$0.00	\$145.00

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. It requests reimbursement only for expenses incurred through the period covered by this payment request. Reimbursement is requested only for allowable services that have been delivered and documented in the appropriate electronic data system.

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Signature: *Steve Miller* Date: 9/20/14 Telephone #: 803 727 9965
Signature: _____ Date: _____ Telephone #: _____

The Benefit Bank of SC		
September 2014		
Contacts	0	0
MSP	5	\$375
LIS	6	\$450
Total	11	\$825
Contacts \$15		
MSP & LIS		
applications \$75		
each		