

# Keys AHEC Health Centers

## Invoice

Date	Invoice #
1/31/2021	1837

<b>Bill To</b> City of Key West Finance/Budget Department Attn: Mark Finigan 3104 Flagler Ave. Key West, FL 33040
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<b>Purchase Order No.</b>
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Description	Amount
Expense Reimbursement Re: MOU between City of Key West and Florida Keys Area health Education Center, Inc to provide FREE Covid-19 Rapid Testing via static and mobile sites.  This invoice covers Provider and Supply Expenses thru January 31st, 2021  <i>* 67,661.26 Approved For Payment Key AHEC  [Signature] 3.1.2021</i>	67,661.26
<b>Total \$67,661.26</b>	

Florida Keys Area Health Education Center, Inc.  
5800 Overseas Hwy, Suite 38, Marathon, FL 33050  
PH. 305-743-7111/Fax 305-743-7709  
www.fkahec.org

**Florida Keys Area Health Education Center, Inc.**  
**Transactions by Account**  
**As of January 31, 2021**

Type	Date	Name	Class	Split	Amount
<b>PERSONNEL COSTS</b>					
<b>Consultants/Contractors</b>					
<b>KW Testing Providers</b>					
Bill	01/22/2021	Advanced Urgent C...	KW Rapid Test 2021	Accounts Payable	275.00
Bill	01/25/2021	Mallory Brigil	KW Rapid Test 2021	Accounts Payable	135.00
Bill	01/25/2021	Floyd Jenkins	KW Rapid Test 2021	Accounts Payable	192.00
Bill	01/25/2021	Christina Geer	KW Rapid Test 2021	Accounts Payable	120.00
Bill	01/25/2021	Advanced Urgent C...	KW Rapid Test 2021	Accounts Payable	275.00
Bill	01/31/2021	Teresa Rodriguez	KW Rapid Test 2021	Accounts Payable	450.00
Bill	01/31/2021	Will Thompson	KW Rapid Test 2021	Accounts Payable	450.00
Bill	01/31/2021	Jessica Williams Little	KW Rapid Test 2021	Accounts Payable	221.40
Bill	01/31/2021	Janet Mooney	KW Rapid Test 2021	Accounts Payable	210.00
Bill	01/31/2021	Floyd Jenkins	KW Rapid Test 2021	Accounts Payable	100.00
Bill	01/31/2021	Sara Squire	KW Rapid Test 2021	Accounts Payable	300.00
Bill	01/31/2021	Advanced Urgent C...	KW Rapid Test 2021	Accounts Payable	275.00
Bill	01/31/2021	Advanced Urgent C...	KW Rapid Test 2021	Accounts Payable	275.00
Bill	01/31/2021	Alison Townsend	KW Rapid Test 2021	Accounts Payable	720.00
Bill	01/31/2021	Melanie A. Williams	KW Rapid Test 2021	Accounts Payable	330.00
Bill	01/31/2021	Bloodink	KW Rapid Test 2021	Accounts Payable	712.00
Bill	01/31/2021	Tangela Gail Torres	KW Rapid Test 2021	Accounts Payable	667.50
Bill	01/31/2021	My Wellness Express	KW Rapid Test 2021	Accounts Payable	275.00
Bill	01/31/2021	Dr. John W Norris III...	KW Rapid Test 2021	Accounts Payable	1,100.00
Bill	01/31/2021	Selena Gonzalez	KW Rapid Test 2021	Accounts Payable	150.00
Bill	01/31/2021	Nicole Manning	KW Rapid Test 2021	Accounts Payable	640.00
<b>Total KW Testing Providers</b>					<b>8,072.90</b>
<b>Total Consultants/Contractors</b>					<b>8,072.90</b>
<b>Total PERSONNEL COSTS</b>					<b>8,072.90</b>
<b>TOTAL</b>					<b>8,072.90</b>

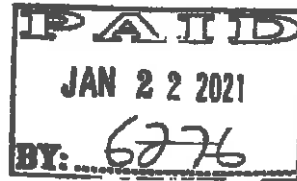
ADVANCED URGENT CARE  
1980 N. ROOSEVELT BLVD  
KEY WEST, FL 33040  
[Ana.munoz@urgentcarefloridakeys.com](mailto:Ana.munoz@urgentcarefloridakeys.com)

1/22/2021

### INVOICE

KEYS AHEC

ATTN: Michael Cunningham



RAPID COVID TESTS

8 Hours of Testing

\$275.00

TOTAL

\$275.00

*Kw Covid  
Providers*

Date Recd. 1/22/21  
Acctg. Verified \$275  
Pymt.





# FLORIDA KEYS AHEC - TIMESHEET

NAME: Christina Greer

MONTH:

DATE	PROJECT	PLACE	START	FINISH	TOTAL HRS
1/20/21	AHEC Free rapid covid testing	LKMC	5p	7p	2
1/21/21	AHEC Free rapid covid testing	LKMC	5p	7p	2
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>PID</p> <p>JAN 25 2021</p> <p>pv. <u>GTSS</u></p> </div>					
Total Hrs					4

50 x 9 = \$120.00

Employee Signature

*[Handwritten Signature]*

Date

1/21/2021

Supervisor Signature

*[Handwritten Signature]*  
KW Covid Provider

Date

1/28/21  
1/25/21  
Accr: *[initials]*  
Pymt: *[initials]*

ADVANCED URGENT CARE  
1980 N. ROOSEVELT BLVD  
KEY WEST, FL 33040  
Ana.munoz@urgentcarefloridakeys.com

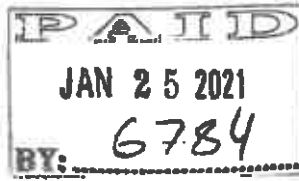
### INVOICE

KEYS AHEC

ATTN: Michael Cunningham

RAPID COVID TESTS

8 Hours of Testing



\$275.00

TOTAL

\$275.00

*Kw Covid  
Providers*

Date Rec'd 1/25/21  
Acctg. Voucher # 512  
Pymt. Approved \_\_\_\_\_











**FLORIDA KEYS AHEC - TIMESHEET**

**NAME:** Floyd Jenkins

**MONTH:** January

DATE:	PROJECT	PLACE	START	FINISH
<u>1-28-21</u>	<u>Key West Rapid Test</u>	<u>KWHS</u>	<u>3:40 PM</u>	<u>7 PM</u>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><b>PAID</b></p> <p>JAN 31 2021</p> <p>BY: <u>6790</u></p> </div>				
				Total Hrs
				$30 \times 3.9 = 5100^{\circ}$
				<u>3.20</u>

**Employee Signature** Floyd Jenkins **Date** 1-29-2021

**Supervisor Signature** [Signature] **Date** 1/29/21

KW COVID

Date h 1/30/21  
 Acct. S.K.  
 Pymt. \_\_\_\_\_



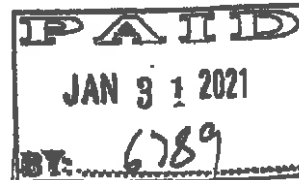
ADVANCED URGENT CARE  
1980 N. ROOSEVELT BLVD  
KEY WEST, FL 33040  
[Ana.munoz@urgentcarefloridakeys.com](mailto:Ana.munoz@urgentcarefloridakeys.com)

1/29/2021 SECOND INVOICE

### INVOICE

KEYS AHEC

ATTN: Michael Cunningham



RAPID COVID TESTS

8 hours of Testing \$275.00

TOTAL \$275.00

*KW Covid*

Date Rec. 1/30/21  
Acctg. SIL  
Pymt. / [Signature]

ADVANCED URGENT CARE  
1980 N. ROOSEVELT BLVD  
KEY WEST, FL 33040  
[Ana.munoz@urgentcarefloridakeys.com](mailto:Ana.munoz@urgentcarefloridakeys.com)

1/29/2021 #1

### INVOICE

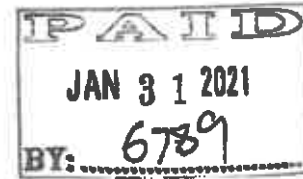
KEYS AHEC

ATTN: Michael Cunningham

RAPID COVID TESTS

8 Hours of Testing \$275.00

TOTAL \$275.00



*KW CAVIOL*

Date Rec'd 1/30/21  
Acctg. Verified SK  
Pymt. Approved [Signature]

# Florida Keys AHEC - Timesheet

Name: Allison Townsend Month: January 2021

Date	Project	Place	Start	Finish	Total Hours
1-30-2021	COVID testing	LKMC	1445	1915	2.5 hours
1-21-2021	COVID testing	LKMC	1545	1900	3.25 hours
1-21-2021	COVID Data-	LKMC	2100	2200	1 hour
1-23-2021	COVID testing	city hall	0915	1400	4.75 hours
1-25-2021	COVID testing	LKMC	1030	1930	3 hours
1-25-2021	COVID Data-	LKMC	2230	2300	0.5 hours
1-27-2021	COVID testing	LKMC	1030	1915	2.75 hours
1-28-2021	COVID Data-	LKMC	2130	2300	1.5 hours
1-28-2021	COVID testing	LKMC	1700	1900	2 hours
1-28-2021	COVID Data-	LKMC	2100	2200	1 hour
1-31-2021	COVID Data-	LKMC	2015	2200	1.75 hours
<b>Total Hours</b>					24 hours

24130 \$720.00

Employee Signature: Allison Townsend Date: 1/31/2021

Supervisor Signature: [Signature] Date: 1/31/21

Acc: [Signature]  
Pyl: [Signature]







**PAID**  
 JAN 31 2021  
 BY: 6790

# Weekly Time Sheet

## Weekly Time Sheet

Name: TANIELA TOBERS, R.N.  
 Client Name: AHEC

Contract / Project Name: COVID TESTING  
 Week Beginning: \_\_\_\_\_

DAY	DATE		START TIME	END TIME	
Tuesday	1/26/21	DONN'S SCHOOL	0915	2pm	4hr 45m
Wednesday	1/27/21	Key West City Hall	0915	2pm	4hr 45m
Thursday	1/28/21	DONN'S SCHOOL	0915	2pm	4hr 45m
Friday	1/29/21	DONNA ROYALE	3:30pm	7pm	3hr 30m
Saturday	1/30/21	Key West City Hall	0930	2pm	4hr 30m

TOTAL FOR WEEK NEAREST 15 MINUTE

*Tania-ja Tobers*

Total 22 hours  
15 mins

\$30 x 22 hrs = \$667.50

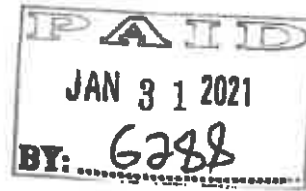
Date Rec: 1/31/21  
 Acctg. Verified: SIL  
 Pymt. Approved: LD

2/1/2021

**Invoice for Services Rendered**

**Facility:**

My Wellness Express  
3428 N. Roosevelt Blvd.  
Key West, FL 33040  
305.901.2243



**COVID-19 Rapid Testing Patients:**

- 1/14/21- Batchelor, Christopher
- 1/14/21- Culver, Jennifer
- 1/14/21- Culver, Patrick
- 1/14/21- Rhodes, Michele
- 1/14/21- Rogers, Natalie
- 1/14/21- Opalsky, Madalyn
- 1/14/21- Cappola, Ann
- 1/18/21- Carballo, Sara
- 1/19/21- Carroll, Rosemary
- 1/19/21- Andrew, Derith
- 1/19/21- Baker, Jaime
- 1/21/21- Smeltzer, Shannon
- 1/21/21- Fehlig, Kiersten
- 1/21/21- Keen, Artemio
- 1/26/21- Ramos, Juan Alberto
- 1/26/21- Gilday, Devon
- 1/27/21- Jones, Bradley
- 1/27/21- Brundage, Mayme
- 1/27/21- Grimesey, John
- 1/29/21- Graham, Erin

Owe

\$275.<sup>00</sup>

Date h  
Acct.  
Pymt.

1/31/21  
JK  
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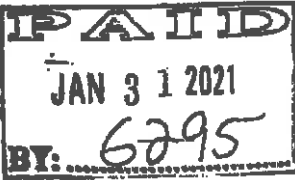
**Dr. John W Norris III, MD PA**

508 Southard St # 103  
Key West, FL 33040

**INVOICE # 13121**

**BILL TO:**  
FLORIDA KEYS AHEC  
5800 OVERSEAS HWY, STE # 38  
MARATHON, FL 33050

**DATE:** 31-Jan-21

DESCRIPTION	Quantity	RATE	AMOUNT
Covid Rapid Test 84 completed @ \$275 per 20 	4.00	275.00	1,100.00
<b>TOTAL \$</b>			<b>1,100.00</b>

Date h.  
Accto  
Pymt

1/31/21  
JK  
✓



**FLORIDA KEYS AHEC - TIMESHEET**

NAME: Nicole Manning

MONTH: January

DATE:	PROJECT	PLACE	START	FINISH	TOTAL HRS
1/21/21	Covid	Douglas School	0915	1400	4.75
1/23/21	Covid	City Hall	0930	1400	4.50
1/27/21	Guidance Center Clinic →		1145	1600	4.25
1/28/21	COVID Testing	Douglas School	0945	1400	4.25
1/29/21	Guidance Center Clinic COVID Testing	Guidance Center Clinic	0800	1200	4.00
1/30/21	Covid	City Hall	0945	1400	4.25
2/2/21	Covid	Gardens Hotel	0900	1100	2
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><b>PAID</b>                      JAN 31 2021                      BY: 6296</p> </div>					
1/21	24 Jade Dr. Big Coppitt		21.4 = \$		
1/23	"		19.8 = \$		
1/27	"		18 = \$		
1/28	"		21.4 = \$		
1/29	"		18 = \$		
1/30	"		19.8 = \$		
Total Miles: 118.7			28 x \$30 = \$840.00	Total Hrs	28

Employee Signature Nicole Manning

Date 2/2/21

Supervisor Signature [Signature]

Date 2/3/21

Date Rec'd: 1/31/21  
 Acctg.: [Signature]  
 Pymt: [Signature]

**Florida Keys Area Health Education Center, Inc.**  
**Transaction Detail By Account**  
**January 2021**

Type	Date	No	Name	Memo	Class	Split	Amount	Balance
<b>PROGRAMMATIC EXPENSES</b>								
Supplies								
Bill	01/22/2021		McKesson Medical Surgical	Document # 6233604	KW Rapid Test 2021	Accounts Pay...	57,800.00	57,800.00
Bill	01/22/2021		McKesson Medical Surgical	Document # 6233604	KW Rapid Test 2021	Accounts Pay...	1,988.38	59,588.38
Total Supplies							59,588.38	59,588.38
Total PROGRAMMATIC EXPENSES							59,588.38	59,588.38
<b>TOTAL</b>							<b>59,588.38</b>	<b>59,588.38</b>



# MCKESSON

McKesson Medical-Surgical, Inc  
9954 Mayland Drive Suite 4000  
Henrico, VA 23233

## Statement

Page 1 of 6

5/2/2020

<b>FLORIDA KEYS AREA HEALTH CENTER</b>		<b>Previous Amount</b>	\$8,239.08
<b>Account Number</b>	62650935	<b>Payments</b>	\$0.00
<b>Statement Date</b>	01/12/2021	<b>New Transactions</b>	* \$66,004.82
<b>Due Date</b>	<b>TERMS: NET DUE UPON RECEIPT</b>	<b>Statement Total</b>	\$74,243.90
<b>Statement Number</b>	8233504		
<b>Customer Service and Other Inquiries:</b> 1-800-811-8528		<b>Payment/Account Balance Inquiries:</b> 1-800-453-5180	

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Part  
of  
See  
next  
pg

Aging by Due Date	Future	Current	1-30 Past Due	31-60 Past Due	61 and Over Past Due
	\$0.00	\$66,004.82	\$8,239.08	\$0.00	\$0.00

**PAID**  
JAN 25 2021  
BY: 6788

The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.

PF column legend: P = Past Due Item F = Future Due Item blank = Current Due Item

Trans. Date	Due Date	Trans. Type	Invoice Number	Sales Order No.	Purchase Order No.	Original Invoice No.	Open Amount	P F
11/13/2020	01/02/2021	Invoice	15843700	84710915	MS AMANDA POINCIANA CLINI		301.79	P
11/13/2020	01/02/2021	Invoice	15847224	84710915	MS AMANDA POINCIANA CLINI		82.82	P
11/13/2020	01/02/2021	Invoice	15850520	84710915	MS AMANDA POINCIANA CLINI		849.44	P
11/13/2020	01/02/2021	Invoice	15851337	84710915	MS AMANDA POINCIANA CLINI		87.48	P
11/13/2020	01/02/2021	Invoice	15853953	84710915	MS AMANDA POINCIANA CLINI		258.82	P
11/13/2020	01/02/2021	Invoice	15864787	84710915	MS AMANDA POINCIANA CLINI		39.41	P
11/17/2020	01/02/2021	Invoice	15756988	84710915	MS AMANDA POINCIANA CLINI		7.42	P
11/20/2020	01/02/2021	Invoice	15951089	85862984	MS PAM		143.44	P
11/24/2020	01/02/2021	Invoice	18055130	84710915	MS AMANDA POINCIANA CLINI		17.88	P
11/25/2020	01/02/2021	Invoice	18109837	78419862				
11/25/2020	01/02/2021	Invoice	18110151	82890322				

**ENTERED**  
1/25/21

Date Rec'd 1/25/21  
Acctg. Ver'd 1/25/21

EXCEPT AS NECESSARY TO MEET YOUR REPORTING OBLIGATIONS TO REIMBURSING AGENCIES, INCLUDING MEDICARE AND MEDICAID, PRICING AND PURCHASING INFORMATION ARE CONFIDENTIAL AND PROPRIETARY.

1576  
MARATHON F 060-2744

Regulatory License PA9105026

ATLANTA #4  
1006 SATELLITE BLVD.  
SUWANEE GA 30024  
District License 232494

Invoice No. - 17298298	Due Date - 02/02/2021	Invoice Date - 12/30/2020	Sales Order - 57220799
PO No. - HOB School Jenn	Blanket No. -		
496882 GRAHAM	PAPER, TABLE STARS OF HOPE 21"		
Vend Cat 80169	PO LN 2	2 CS	62.45 124.90 9.37
Shipped: 12/30/2020	From: Orlando East	Via: UPS GROUND	
Tracking #: 1ZR3X8000318811373	PO# HOB SCHOOL JENN		

EXCEPT AS NECESSARY TO MEET YOUR REPORTING OBLIGATIONS TO REIMBURSING AGENCIES, INCLUDING MEDICARE AND MEDICAID, PRICING AND PURCHASING INFORMATION ARE CONFIDENTIAL AND PROPRIETARY.

**FLORIDA KEYS AREA HEALTH CENTER**  
**Account Number 62650935**

**Statement Date 01/12/2021**  
**Statement Number 8233504**

**INVOICE/CREDIT DETAIL**

Item Number	Vendor/ Vend Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
		Handling	0.00						
		Cold Chain	0.00						
		Hazmat	0.00						
		Bulk Fgt	0.00						
		STD/Exp Fgt	0.00						
		Subtotal					118.51		
		Total Freight					0.00		
		Tax - State							
		County							
		City							
		District							
		Other							
		Tax					8.90		
		Total					127.41		

Ship To 62650940  
 JOSEPH THOMAS MORELLI III  
 5800 OVERSEAS HWY STE 38  
 MARATHON FL 33050-2744

Shipped From 0120000  
 MCKESSON MEDICAL-SURGICAL INC.  
 ORLANDO #12  
 1301 GILLS DRIVE STE 200  
 ORLANDO FL 32824  
 District License 2220238

Regulatory License PA9105026

Invoice No. - 17898263	Due Date - 02/02/2021	Invoice Date - 01/07/2021	Sales Order - 81248852
PO No. -		Blanket No. -	

1185316	MGM190	WIPE, WET HYDROGEN PEROXIDE PE	50	CN	50	20.72	1036.00	77.70
	Vend Cat SMDW8E	PO LN 1						
	Shipped: 01/07/2021	From: Orlando East						
	Tracking # 1ZR3X8000318658877	1ZR3X8000318658886						
	Tracking # 1ZR3X8000318658902	1ZR3X8000318658957						
1167168	NBPCMP	GOWN, ISOLATION SPP YLW SEWING	3	CS	3	182.80	578.40	43.38
	Vend Cat XF3008	PO LN 2						
	Shipped: 01/07/2021	From: Orlando East						
	Tracking # 1ZR3X8000318659840							
1167753	NBPCMP	SHIELD, FACE FULL LENGTH ANTI-	3	BG	3	13.14	39.42	2.96
	Vend Cat GDF-01	PO LN 3						
	Shipped: 01/07/2021	From: Orlando East						
	Tracking # 1ZR3X8000318659957							
837918	MGM53	SANITIZER, HAND ALOE W/PUMP 18	50	EA	50	4.21	210.50	.00
	Vend Cat 63-27037-18	PO LN 6						
	Shipped: 01/07/2021	From: Orlando East						
	Tracking # 1ZR3X8000318659911	1ZR3X8000318659920						
	Tracking # 1ZR3X8000318659948	1ZR3X8000318659957						

Handling	Cold Chain	Hazmat	Bulk Fgt	STD/Exp Fgt	Subtotal
0.00	0.00	0.00	0.00	0.00	1,864.82
					Total Freight 0.00
					Tax 124.04
					Total 1,988.86

Ship To 62650940  
 JOSEPH THOMAS MORELLI III  
 5800 OVERSEAS HWY STE 38  
 MARATHON FL 33050-2744

Shipped From 0120000  
 MCKESSON MEDICAL-SURGICAL INC.  
 ORLANDO #12  
 1301 GILLS DRIVE STE 200  
 ORLANDO FL 32824  
 District License 2220238

Regulatory License PA9105026

Invoice No. - 17559319	Due Date - 02/02/2021	Invoice Date - 01/08/2021	Sales Order - 81018811
PO No. -		Blanket No. -	

1181709	INTRVO	TEST KIT, COVID-19 CARESTART A	150	KT	150	384.00	57600.00	.00
	Vend Cat RCHM-02071	PO LN 1						
	Shipped: 01/08/2021	From: Lehigh Valley Via: UPS GROUND						
	Tracking # 1Z88W8R40316879027	1Z88W8R40316879035						
	Tracking # 1Z88W8R40316879027	1Z88W8R40316879045						

Handling	Cold Chain	Hazmat	Bulk Fgt	STD/Exp Fgt	Subtotal
0.00	0.00	0.00	0.00	0.00	57,600.00
					Total Freight 0.00
					Tax 0.00
					Total 57,600.00

Ship To 62650940  
 JOSEPH THOMAS MORELLI III  
 5800 OVERSEAS HWY STE 38  
 MARATHON FL 33050-2744

Shipped From 0750000  
 MCKESSON MEDICAL-SURGICAL INC  
 075 LEHIGH VALLEY  
 3769 COMMERCE CENTER BLVD  
 BETHLEHEM PA 18015  
 District License 232758

Regulatory License PA9105026