



2022

FORM
FIN1510-01

For Accounts Payable Use Only

Vendor Number

CHECK REQUEST FORM

Use this form to arrange for payment to individuals or businesses when a Purchase Order or P-card is not required.

This form must be submitted in typed format only.

Vendor Information	
Vendor or Employee Name	Date
NaphCare Inc.	12/1/2022
If payment is to a Vendor, is a W-9 on file in the Purchasing Office?	
If No, a completed W-9 MUST be attached. Email Meagan Porch in our Purchasing Division.	
Mailing Address	
2090 Columbiana Road, Suite 4000	
Birmingham, AL 35216	
205-536-8400	
Email Address	
cyoung@naphcare.com	meagan.porch@rockdalecountyga.gov

EXPENSE/ACCOUNT DETAILS								
Description (for individuals, Services, Expense Reimbursements)	Date of Service or Invoice	General Ledger Account						Amount
		Fund	Function	Account	Dept.			
		Inmate medical	106829	100	3326	521200	30	
Total Check Amount							\$240,008.33	

DESCRIBE FULLY THE NATURE OF THE PAYMENT

Inmate medical services for 11/1/22-11/30/22

Dept. Designee	Date	Director of Finance	Date
CHIEF	12.1.2022		
Staff Accountant	Date	Purchasing	Date
5202	12/5/22	Jane Malone	12/5/22

CHECK HANDLING INSTRUCTIONS

5. Mail (Enclose attachments if required in letter size envelope)	6. Pick Up-Approval by Finance Director Available at the Finance Office Front Desk after 2:00 pm every Friday	7. Send Inter-Department Mail Will be placed in mailbox after 2:00 p.m every Friday
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WJY 12.5.22

Please send this form with attachments to the Department of Finance. Each check request received Monday-Friday will be processed the following Friday.

2023-26



INVOICE

INVOICE #: 106829

Advancing Correctional Healthcare

NAPHCARE INC.

2090 Columbiana Road, Suite 4000
Birmingham, AL 35216
Phone: 205.536.8400
cyoung@naphcare.com
Tax ID: 58-1823464

Remit to: Dept. 5214
PO Box 2153
Birmingham, AL 35287-5214

BILL TO: Rockdale County Board of Commissioners
Finance-Accounts Payable
PO Box 289
Conyers, GA 30012

Dennis.Pass@RockdaleCountyGA.gov
Susan.Watkins@RockdaleCountyGA.gov; Tom.Br
ewer@RockdaleCountyGA.gov; Kai.Oden@Rockd
aleCountyGA.gov

PO/REFERENCE #	INVOICE NUMBER	INVOICE DATE	DUE DATE
C-2020-98-E21	106829	12/01/2022	12/31/2022

ITEM #	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
509901	Inmate Medical 11/01/2022 - 11/30/2022	1	\$240,008.33	\$240,008.33
			SUBTOTAL	\$240,008.33
			TOTAL	\$240,008.33