

The personal information requested on this form is collected under the authority of the *Emergency Program Act* and is necessary for administrative purposes and may be shared with other public bodies, organizations and/or agencies only to enable the provision of emergency services. Disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection, use or disclosure of the information should be directed to: Manager, Training and Volunteer Programs, Emergency Management BC, PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Phone: 1-800-585-9559

**Please Note: The Supplier Consent form does not constitute a legal agreement. It is intended for use by community ESS teams prior to an emergency to establish the willingness of a potential supplier to provide goods or services to people affected by a disaster.**

The Supplier understands that during an emergency or disaster local Emergency Social Services volunteers or staff representing the Community of \_\_\_\_\_ may request

NAME OF SUPPLIER	
ADDRESS IF SUPPLIER	
PHONE ( )	FAX ( )

to provide the following goods or services:


The Supplier will provide these goods or services and receive payment in accordance with the Emergency Social Services Rates listed on attached sheet. For reimbursement, submit invoices to Emergency Management BC, along with itemized original receipts or till tapes for goods or services provided and the original (WHITE) copy of the Referral form (EMBC2395).

EMERGENCY MANAGEMENT BC		PO Box 9201 STN PROV GOVT	
VICTORIA BC	V8W 9J1	PHONE 1-800-585-9559	FAX ( 250 ) 952-4888

Questions or updates in regards to this Supplier Consent may be directed to the following community contacts:

CONTACT NAME	PHONE ( )	ALTERNATE CONTACT NAME	PHONE ( )
ORGANIZATION / AGENCY	TITLE	ORGANIZATION / AGENCY	TITLE

In the event of an emergency the supplier's contact persons are:

### PRIMARY CONTACT

NAME
HOME ADDRESS

HOME PHONE ( )	WORK PHONE ( )
CELLULAR PHONE	FAX ( )
EMAIL ADDRESS	

### ALTERNATE CONTACT

NAME
HOME ADDRESS

HOME PHONE ( )	WORK PHONE ( )
CELLULAR PHONE	FAX ( )
EMAIL ADDRESS	

### ALTERNATE CONTACT

NAME
HOME ADDRESS

HOME PHONE ( )	WORK PHONE ( )
CELLULAR PHONE	FAX ( )
EMAIL ADDRESS	

SUPPLIER'S SIGNATURE	PRINT NAME	DATE (YYYY MM DD)
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# INFORMATION FOR SUPPLIERS

## General Information

- Refer to the attached ESS Rates sheet for a description of eligible goods and services and maximum rates.
- Charges for goods and services, including all applicable taxes, **must not exceed** the attached Emergency Social Services Rates.
- Ensure that services are provided only to those individuals listed on the Referral form.
- Check “Valid Only” dates carefully. Services provided outside this time period will not be covered.
- Make note of any additional instructions that may be provided in the “Comments” section.
- An invoice is required with each Referral form, in addition to the corresponding itemized original receipts or till tapes.
- Alcohol, tobacco and gratuities are not covered.
- Groceries, clothing and incidentals are “one-time only” purchases.
- It is recommended that the supplier make copies of all documentation for their records.

## Additional Lodging Information

- Other than the basic room charge and room tax, all extra costs -- including but not limited to, phone calls, movies, parking, damage or theft -- are the responsibility of the evacuee.
- If the evacuee can bill meals to their room, please ensure the restaurant has an ESS Rates sheet and is aware of the meal allowances and restrictions. Itemized bills for meals provided must be included with the invoice.
- Billeting rate does not include meals. A Referral form for **either** groceries or restaurant meals may be issued.

## Additional Restaurant Information

- Maximum meal allowances are set per meal, not per day. Meal allowances for the entire day cannot be combined into one large food order, unless prior authorization is obtained from Emergency Social Services at Emergency Management BC.
- An itemized bill for each meal must be included with your invoice.

**Inquiries regarding reimbursement process should be directed to  
Emergency Social Services, Emergency Management BC 1-800-585-9559**

## **EMERGENCY SOCIAL SERVICES (ESS)**

### **SUPPLIER PROCEDURES FOR REIMBURSEMENT INSTRUCTION SHEET**

During an emergency, evacuees will present ESS Referral forms (see sample on reverse) issued by community volunteers or staff, authorizing the provision of goods and services for evacuees. The Referral form may also be used for bulk goods and services required for ESS facilities during a response.

Prior to agreeing to provide goods or services, it is recommended that suppliers read the "Information for Suppliers" found on the reverse side of the Supplier Consent form. This information is also provided on the reverse side of the ESS Referral form that accompanies each evacuee when goods and services are being requested.

**Amounts for goods and services must not exceed Emergency Social Services Rates, as noted on attached ESS Rates sheet.**

ESS rates are changed periodically, so if the attached ESS Rates sheet is dated earlier than the current fiscal year, confirm the current rates with your local ESS contact. In the days following a disaster, once evacuees have received all authorized goods and services, suppliers can apply for reimbursement by completing the following steps:

**STEP 1 MAKE OUT AN INVOICE TO:**

Emergency Management BC  
Ministry of Justice

**STEP 2 INCLUDE WITH THE INVOICE:**

Original (WHITE) copy of the completed ESS Referral Form (EMBC2395)

ITEMIZED ORIGINAL RECEIPTS or till tapes, showing detailed breakdown of total costs.

**STEP 3 SEND INVOICES TO:**

Emergency Social Services  
Emergency Management BC  
PO Box 9201 STN PROV GOVT  
Victoria BC V8W 9J1  
1-800-585-9559

Once received, EMBC staff will review and confirm all invoices for receipt of goods and services. Staff will generally contact the supplier regarding any discrepancies before processing for payment.

**PLEASE ENSURE ALL NECESSARY INFORMATION IS INCLUDED WITH YOUR INVOICE TO  
AVOID DELAYS IN PROCESSING PAYMENT.**

**REIMBURSEMENT CHEQUES ARE MAILED DIRECTLY TO THE SUPPLIER.**

For clarification of rates or procedures for reimbursement, you may contact your local Emergency Social Services contact (as noted on your copy of the Supplier Consent), or Emergency Social Services at Emergency Management BC **1-800-585-9559**.

**NOTE TO SUPPLIER:** Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to Emergency Management BC. See reverse for more detailed information and billing instructions.

**If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456**

**NOT REDEEMABLE FOR CASH**

3. NAME OF SUPPLIER \_\_\_\_\_

4. ADDRESS OF SUPPLIER \_\_\_\_\_

5. CITY \_\_\_\_\_ 6. POSTAL CODE \_\_\_\_\_

7. TELEPHONE ( ) \_\_\_\_\_ 8. FAX ( ) \_\_\_\_\_

1. TASK # \_\_\_\_\_

**Referral #**

2. ESS File # (if applicable) \_\_\_\_\_

**VALID ONLY**

<b>From</b>	9. HH / MM (24 hour clock)	10. YYYY MM DD
	<b>To</b>	11. HH / MM (24 hour clock)

13. **At the request of the Community or District of** \_\_\_\_\_

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name) \_\_\_\_\_

15. NAME OF PERSON PURCHASING GOODS (if different from family representative) \_\_\_\_\_

16. **Number of Adults or Youths (13 - 18):** \_\_\_\_\_ **Number of Children (12 & under):** \_\_\_\_\_

Names: \_\_\_\_\_

**NOTE TO ESS RESPONDER:** Use one form for each different supplier AND Tick "YES" or "NO" for each category below

17. **FOOD**  YES  NO

Restaurant Meals OR  Groceries

# persons: \_\_\_\_\_

Total # of meals per person during "Valid Only" period: \_\_\_\_\_

# of Breakfasts: \_\_\_\_\_ # of Lunches: \_\_\_\_\_ # of Dinners: \_\_\_\_\_

**NOTE: Alcohol, tobacco and gratuities are not eligible expenses**  
Refer to attached ESS Rates sheet for maximum allowable rates

20. **TRANSPORTATION**  YES  NO

Specify Mode of Travel: \_\_\_\_\_

From (address) \_\_\_\_\_ To (destination) \_\_\_\_\_

18. **LODGING**  YES  NO

Hotel/Motel OR  Billiting OR  Group Lodging

# of nights authorized: \_\_\_\_\_ (maximum 3)

Refer to attached ESS Rates sheet for maximum allowable rates

21. **INCIDENTALS**  YES  NO

# of people: \_\_\_\_\_ Specify approved items: \_\_\_\_\_

**NOTE: If more than one Referral form is issued for incidentals, the total of all Referral forms must not exceed maximum allowable rate.**  
Refer to attached ESS Rates sheet for maximum allowable rates

19. **CLOTHING**  YES  NO

# of people: \_\_\_\_\_ Extreme winter conditions:  YES  NO

Refer to attached ESS Rates sheet for maximum allowable rates

22. **Comments:**

\_\_\_\_\_

\_\_\_\_\_

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23. Signature of Family Representative \_\_\_\_\_ 24. Interviewers first name and initial of last name (please print) \_\_\_\_\_ 25. Date (YYYY MM DD) \_\_\_\_\_

**NOTE TO SUPPLIER - Send original (white copy) of Referral form and itemized invoices to:**

Emergency Management BC	PO Box 9201, STN PROV GOVT
Victoria BC	V8W 9J1
PHONE	FAX
1-800-585-9559	(250) 952-4888