

## GENERAL INQUIRIES

ESS Information Centre (Toll-free): 1-800-585-9559

Email: [ESSFinanceInquiries@gov.bc.ca](mailto:ESSFinanceInquiries@gov.bc.ca)

Website: [gov.bc.ca/EMBC](http://gov.bc.ca/EMBC)

## INFORMATION FOR SUPPLIERS

Refer to the **Emergency Support Services (ESS) Rates** found on our website for a description of eligible goods, services and maximum rates.

Charges for goods and services, including all applicable taxes, must not exceed the values noted on the **Emergency Support Services (ESS) Rates** sheet.

Ensure that services are provided only to those individuals listed on the **Referral** form (EMBC2395). An ESS team member can provide an example.

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 bills meals to their room, ensure the restaurant has an **Emergency Support Services (ESS) Rates** sheet and is aware of the meal allowances and restrictions.

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 Support Services at Emergency Management BC (EMBC).

An itemized bill for each meal must be included with your invoice.

## SUPPLIER PROCEDURES FOR REIMBURSEMENT

During an emergency, evacuees will present **Referral** forms (EMBC2395) 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”. This information is also provided on the reverse side of the **Referral** form that accompanies each evacuee when goods and services are being requested.

ESS rates are changed periodically, so if the **Emergency Support Services (ESS) Rates** sheet is dated earlier than the current fiscal year, confirm the current rates with your local ESS contact or on the EMBC website.

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 Public Safety and Solicitor General

### 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:

ESS Finance, Emergency Management BC  
PO Box 9201 STN PROV GOVT  
Victoria BC V8W 9J1

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.

**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 can your local Emergency Support Services contact (as noted on your copy of the Supplier Consent), or Emergency Support Services at Emergency Management BC 1-800-585-9559.

# SUPPLIER CONSENT

under the *Emergency Program Act*

## GENERAL INFORMATION

- This Supplier Consent form does not constitute a legal agreement. It is intended for use by community Emergency Support Services (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.
- See the instructions on [Pages 1](#) before completing this form.
- For more information, see our website at [gov.bc.ca/EMBC](http://gov.bc.ca/EMBC)

**Freedom of Information and Protection of Privacy Act (FOIPPA)**

Emergency Management BC (EMBC) will collect your personal information for the purpose of providing you with emergency services in accordance with section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). Questions about the collection, use, or disclosure of this information can be directed to the ESS Call Centre Manager at PO Box 9201, Stn Prov Govt, Victoria, BC, V8W 9J1 or by telephone toll free at 1-800-585-9559.

### PART A – BUSINESS INFORMATION

NAME OF SUPPLIER		LEGAL NAME OF BUSINESS		GST-RT NUMBER	
LOCATION OF BUSINESS <i>(include street)</i>			CITY/TOWN	PROVINCE	POSTAL CODE
MAILING ADDRESS <i>(include Apt/Suite/Building Number &amp; Street)</i>			CITY/TOWN	PROVINCE	POSTAL CODE
EMAIL ADDRESS		TELEPHONE NUMBER		FAX NUMBER	

### PART B – CONTACT INFORMATION

FULL NAME OF PRIMARY CONTACT		EMAIL ADDRESS	TELEPHONE NUMBER
FULL NAME OF ALTERNATE CONTACT (1)		EMAIL ADDRESS	TELEPHONE NUMBER
FULL NAME OF ALTERNATE CONTACT (2)		EMAIL ADDRESS	TELEPHONE NUMBER

### PART C – EMERGENCY SUPPORT SERVICES INFORMATION

During an emergency or disaster local Emergency Support Services volunteers or staff representing the Community named below may request the following goods or services:

NAME OF COMMUNITY	EXAMPLES OF GOODS OR SERVICES
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Questions or updated to this Supplier Consent can be directed to the following community contacts:

NAME OF COMMUNITY CONTACT (1)	ORGANIZATION/AGENCY	TITLE	TELEPHONE NUMBER
NAME OF COMMUNITY CONTACT (2)	ORGANIZATION/AGENCY	TITLE	TELEPHONE NUMBER

### PART D – SUPPLIER CONSENT

The Supplier will provide these goods or services and receive payment in accordance with the **Emergency Support Services Rates** listed on our website. See [Page 1](#) for reimbursement instructions.

SIGNATURE OF SUPPLIER	FULL NAME	DATE SIGNED YYYY / MM / DD
X		