

# FEMS Tip Sheet: How to Submit a Supplier Claim

## How to submit it in FEMS

1. Click on the submit a supplier expense button on the FEMS dashboard.

ENGAGEMENT  
An SSC Initiative

Dashboard Activities Claims Portfolios Finance Reporting

Dashboard > Claims

### Claims

Submit a Claim Submit an Expense Submit Supplier Expense

2. Select the appropriate MSA and Supplier choices.

**NOTE:** if you do not see the correct activity in the list, please contact FEMS support.

#### CLAIM DETAILS

\* Physician Society/MSA

F.E. Services Inc.

\* Supplier

— Select A Supplier —

\* You participated in Engagement Activity or Sub-Activity

— Select an Engagement Activity —

\* Date of Activity

Claims must be submitted within 90 days of the activity date.



Reference Number

3. If the supplier is existing and listed, the first time they are used, the following pop up will show. Please answer the two questions. Once completed, you can continue with the claim.

Submit a Supplier Expense

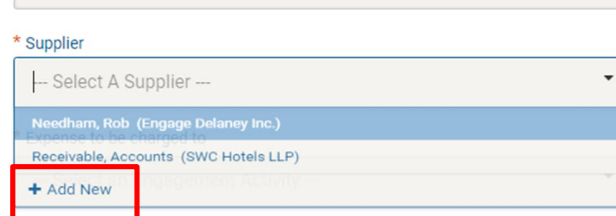
Does the supplier or anyone associated with this supplier have MSA administrator access?

Is this profile for an MSA/PS credit card?

Submit

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## 4. If the supplier is not listed, select the Add New choice.



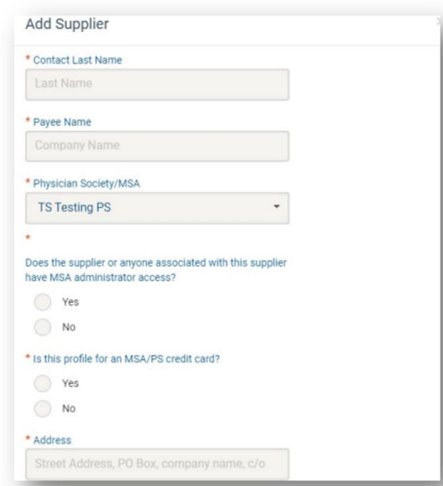
## 5. Fill out the New Supplier details (see screenshot below).

**NOTE:** All **new** supplier profiles must be approved by an MSA executive. If a supplier profile is declined, all associated claims will also be declined.

**If the supplier is a credit card**, please choose yes to that option, and then fill out the card as per below.

- Chose Scotiabank as first name.
- Choose Visa as last name.
- Choose Scotiabank Visa as payee name.
- Use the MSA's address and contact information.
- Use MSA Credit Card as payment method.
- Click submit.

**If the supplier profile is for an MSA administrator**, or someone related to an MSA administrator, please choose yes to that option.



**NOTE:** the submit action may log you out. The supplier is still added, you will just need to log in again to proceed as usual.

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6. If there are multiple expenses per claim, please add them individually by using the Add Expense button. If you wish to remove one, please use the Remove Expense Button. Once completed adding all expenses, press Next.

Facility, Engagement

\* You participated in Engagement Activity or Sub-Activity  
-- Select an Engagement Activity --

\* Date of Activity  
Claims must be submitted within 90 days of the activity date.

EXPENSES

\* Expense/Mileage  
-- Select an Expense Type or Mileage -- **Remove Expense**

\* Total Amount (incl. taxes)  
\$ 0.00

Amount Claimed  
\$ 0.00

**Next >** Save Draft Add Expense

7. Review the claim for accuracy and then select the submit button. To change anything before submitting, you can use the Edit or Back buttons.

Submit an Expense

Expenses Review

CLAIM DETAILS

Engagement Activity Clinical Governance Improvement Initiative (CGII)  
Claimant Engagement Facility  
Date of Activity Mar. 12, 2024  
Types of work

EXPENSES/MILEAGE

Conference Fees & Expenses (Off Site)	\$1.00
<b>Subtotal</b>	<b>\$1.00</b>

**Edit**

CLAIM TOTALS

Tax	\$0.00
<b>Claim Total</b>	<b>\$1.00</b>

**Submit >** < Back Save Draft