

Submit a Supplier Claim



Room Rental Cost
\$647.20



Food & Drinks
\$78.30



Speaker
\$504.00



Use of Projector
\$24.90

When can I submit a supplier claim?
When you incur expenses for an Engagement Activity by an external supplier, and they need to be paid for their work. You will submit a Supplier Claim in order to **pay invoices**.

Example:

Room rental cost for a meeting

Catering for a meeting

Professional speaker for a meeting

Submit a supplier claim in FEMS

Suppliers paid by ENKEL

Welcome to
The Facility Engagement Management System.

Sign into your account

Remember me? [Forgot Password?](#)

Don't have an account?

Create your account today

[Click here for Support](#)

By clicking **Sign in** you agree to our [Terms of Use](#).

Dashboard | Activities | **Claims** | Finance ▾ | Reporting ▾

Dashboard > Claims

Claims



Click on **Submit an Expense**

Claim Number ▾ Claimant ▾ Engagement ▾ Status ▾ More ▾

| CLAIM NUMBER | CLAIMANT | ENGAGEMENT ACTIVITY | PHYSICIAN SOCIETY/MSA | SUBMITTED | ACTIVITY DATE | TIME | EXPENSES | TOTAL | STATUS |
|--------------|---------------------|-----------------------|----------------------------------|--------------|---------------|----------|----------|----------|--------------------------------------|
| Draft | | | | | | | | | |
| 5ZRR95 | Black TEST, Richard | Weekly Meeting - Test | Medical Staff Association (Test) | Aug 14, 2018 | Aug 14, 2018 | \$148.31 | \$10.00 | \$158.31 | <input type="button" value="Draft"/> |

Submit a Supplier Claim

Submit an Expense

Move the toggle to **Supplier Invoice**

1

Expenses and Mileage Review

CLAIM DETAILS

Supplier Invoice

Yes

* Physician Society/MSA

Medical Staff Association (Test)

* Supplier

- Select A Supplier —
- Miller, Keith (George Hotel - Room Rental)
- Sutton, Rob (Custom Posters, Signage and Banners)
- Verk, Lina (Coffee and Pastries Shop)
- + Add New**
- 08-16-2018

Click on **+Add New** under **Supplier**

2

Reference Number

EXPENSES

* Expense/Mileage

— Select an Expense Type or Mileage —

Remove Expense

* Total Amount (incl. taxes)

\$ 0.00

Amount Claimed

\$ 0.00

3

Add Supplier

* Contact First Name

First Name

* Contact Last Name

Last Name

* Payee Name

Company Name

* Physician Society/MSA

Medical Staff Association (Test)

* Address

Street Address, PO Box, company name, c/o

Address Line 2

Apartment, suite, unit, building, floor etc

* City

City

* Province

British Columbia

* Postal Code

Postal Code

* Country

Canada

Primary Number

Primary Number

* Email Address

Email

PAYMENT DETAILS

* Payment Method

Cheque

Submit

Cancel

Fill out the form with the **supplier information** and select a **payment method**

Fill out the form with the **supplier information** and select **Payment Method: direct credit or MSA credit card**



ENKEL (financial administrator) will:

- Process payments using QuickBooks
- Make payments to the suppliers

If you select:

- **Direct credit** → ENKEL will directly contact the administrator to discuss either direct credit or email transfer and get banking details
- **MSA credit card** → you do not need to take any further action
- **NOTE:** Please do not choose cheque - FESC does not offer cheque payments

Add Supplier

* Contact First Name

First Name

* Contact Last Name

Last Name

* Payee Name

Company Name

* Physician Society/MSA

Medical Staff Association (Test)

* Email Address

Email

PAYMENT DETAILS

Direct Credit via Plauto

MSA Credit Card

Submit

Cancel

Submit a Supplier Claim

Supplier Invoice

Yes

* Physician Society/MSA

Medical Staff Association (Test) ▾

* Supplier

Catering ▾

* Expense to be charged to

Mental Health Teenage Pregnancy ▾

* Sub-activity to be charged to

Outreach ▾

* Date of Activity

09-04-2018

Reference Number

Catering Service

EXPENSES

* Expense/Mileage

Meals ▾

Remove Expense

* Total Amount (incl. taxes)

\$ 250.00

Amount Claimed

\$ 250.00

* Receipt



 Upload File

Submit an Expense

Expenses Review

CLAIM DETAILS

Engagement Activity **Mental Health Teenage Pregnancy**

Sub-Activity **Outreach**

Claimant **Miller, Keith**

Date of Activity **Sep. 04, 2018**

Types of work

EXPENSES/MILEAGE

Meals **\$250.00**

Subtotal **\$250.00**

Edit

CLAIM TOTALS

Tax **\$0.00**

Claim Total **\$250.00**

Submit >

< Back Save Draft

Next >

Save Draft Add Expense