

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

Invoices will be paid by cheque or EFT

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](#).

FE FACILITY ENGAGEMENT An SSC Initiative Support Welcome Mrs. Geller ▾

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	Friends Physician Society	Aug 14, 2018	Aug 14, 2018	\$148.31	\$10.00	\$158.31	<input type="button" value="Draft"/>

Submit a Supplier Claim

Submit an Expense

Expenses and Mileage | Review

CLAIM DETAILS

Supplier Invoice Yes

* Physician Society/MSA
Friends Physician Society

* 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

Reference Number

EXPENSES

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

* Total Amount (incl. taxes)
\$ 0.00

Amount Claimed
\$ 0.00

Add Supplier

* Contact First Name
First Name

* Contact Last Name
Last Name

* Payee Name
Company Name

* Physician Society/MSA
Friends Physician Society

* 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

Move the toggle to **Supplier Invoice**

1

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

2

3

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**

The **finance administrator** will:

- Process payments using an accounting software (QuickBooks/Sage 50)
- Make payments to the suppliers based on payment method

If you select:

- **Cheque**, you will indicate the mailing address of the supplier in this form
- **Email transfer**, you will indicate the email address of the supplier

Add Supplier

* Contact First Name

First Name

* Contact Last Name

Last Name

* Payee Name

Company Name

* Physician Society/MSA

Friends Physician Society

* Email Address

Email

PAYMENT DETAILS

* Payment Method

Cheque

Cheque

Email Transfer

Submit

Cancel

Submit a Supplier Claim

Supplier Invoice

Yes

* Physician Society/MSA
Friends Physician Society

* 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

Next > Save Draft Add Expense

Submit an Expense

Expenses

Review

Submit a supplier claim for Physician Society credit card expenses

Submit an Expense

Expenses and Mileage **Review**

CLAIM DETAILS

1

Supplier Invoice Yes

Move the toggle to Supplier Invoice

* Physician Society/MSA
Friends Physician Society

2

* Supplier
Physician , Visa Card (Society)

Indicated the PS Credit Card you wish to submit an expense for

* Expense to be charged to
Mental Health Teenage Pregnancy

* Sub-activity to be charged to
Outreach

* Date of Activity
09-04-2018

Reference Number
Consulting FEE for Speaker

- a) Select the appropriate engagement activity (and sub-activity if required)
- b) In **Date of Activity**, enter the date the expense was incurred on the credit card
- c) In **Reference Number**, enter the name of the vendor the expense was paid to
- d) Attach a receipt as required

Add Supplier

* Contact First Name
First Name

* Contact Last Name
Last Name

* Payee Name
Company Name

* Physician Society/MSA
Friends Physician Society

* 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

3

Select Cheque in the Payment Details

Submit a supplier claim for Physician Society credit card expenses

Supplier Invoice

* Physician Society/MSA
Friends Physician Society

* Supplier
Physician , Visa Card (Society)

* Expense to be charged to
Mental Health Teenage Pregnancy

* Sub-activity to be charged to
Outreach

* Date of Activity
09-04-2018

Reference Number

EXPENSES

* Expense/Mileage
Consulting Remove Expense

* Sub-Total Gst
\$ 480.00 \$ 20.00

Amount Claimed
\$ 500.00

* Receipt

 Upload File

[Next >](#) [Save Draft](#) [Add Expense](#)

- a) Select the appropriate engagement activity (and sub-activity if required)
- b) In **Date of Activity**, enter the date the expense was incurred on the credit card
- c) In **Reference Number**, enter the name of the vendor the expense was paid to
- d) Attach a receipt as required

Submit an Expense

Expenses

Review

CLAIM DETAILS

Engagement Activity **Mental Health Teenage Pregnancy**

Sub-Activity **Outreach**

Claimant **Visa Card Physician**

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

Types of work

EXPENSES/MILEAGE

Consulting	\$500.00
Subtotal	\$500.00

Edit

CLAIM TOTALS

Tax	\$0.00
Claim Total	\$500.00

Submit >

< Back

Save Draft