

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

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

[Click here for Support](#)

Support
Welcome Mrs. Geller ▾

Dashboard
Activities
Claims
Finance ▾
Reporting ▾

Dashboard > Claims

Claims

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

Move the toggle
to **Supplier
Invoice**

1

Supplier Invoice

Yes

2

Click on
+Add New
under **Supplier**

* 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

3

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

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

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

Submit a supplier claim for Physician Society credit card expenses

Submit an Expense

Expenses and Mileage

Review

CLAIM DETAILS

Supplier Invoice

Move the toggle to
Supplier Invoice

1

Yes ☐

* Physician Society/MSA

Friends Physician Society

* Supplier

Physician , Visa Card (Society)

2

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

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

3

Select **Cheque** in the **Payment Details**

Submit

Cancel

Submit a supplier claim for Physician Society credit card expenses

Supplier Invoice
☒ Yes

* 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
\$ 480.00

Gst
\$ 20.00

Amount Claimed
\$ 500.00

* Receipt

 Upload File

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

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