

NOTE TO SUPPLIER: Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to Emergency Management BC. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456

NOT REDEEMABLE FOR CASH
Referral # 123456

2. ESS File # (if applicable)

3. NAME OF SUPPLIER	
4. ADDRESS OF SUPPLIER	
5. CITY	6. POSTAL CODE
7. TELEPHONE () ()	8. FAX () ()

 1. TASK #

VALID ONLY	
9. From HH / MM (24 hour clock)	10. YYYY MM DD
11. To HH / MM (24 hour clock)	12. YYYY MM DD

 13. **At the request of the Community or District of**
 Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s)

 1. NAME OF FAMILY REPRESENTATIVE (family name, first name)
 12. NAME OF PERSON PURCHASING GOODS (if different from family representative)

 16. **Number of Adults or Youths (13 - 18):** _____ **Number of Children (12 & under):** _____
 Names: _____

NOTE TO ESS RESPONDER: Use one form for each different supplier AND Tick "YES" or "NO" for each category below

 17. **FOOD** YES NO
 Restaurant Meals OR Groceries
 # persons: _____
 Total # of meals per person during "Valid Only" period: _____
 # of Breakfasts: _____ # of Lunches: _____ # of Dinners: _____
NOTE: Alcohol, tobacco and gratuities are not eligible expenses
Refer to attached ESS Rates sheet for maximum allowable rates

 20. **TRANSPORTATION** YES NO
 Specify Mode of Travel: _____

 From (address) _____ To (destination) _____

 18. **LODGING** YES NO
 Hotel/Motel OR Billiting OR Group Lodging
 # of nights authorized: _____ (maximum 3)
Refer to attached ESS Rates sheet for maximum allowable rates

 21. **INCIDENTALS** YES NO
 # of people: _____ Specify approved items: _____

NOTE: If more than one Referral form is issued for incidentals, the total of all Referral forms must not exceed maximum allowable rate.
Refer to attached ESS Rates sheet for maximum allowable rates

 19. **CLOTHING** YES NO
 # of people: _____ Extreme winter conditions: YES NO
Refer to attached ESS Rates sheet for maximum allowable rates

 22. **Comments:**

The personal information requested on this form is collected under the authority of the *Emergency Program Act* and is necessary for administrative purposes and may be shared with other public bodies, organizations and/or agencies only to enable the provision of emergency services. Disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection, use or disclosure of this information should be directed to the Manager, Training, Exercise & Volunteer Programs, Emergency Management BC, PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Phone: 1-800-585-9559

23. Signature of Family Representative	24. Interviewers first name and initial of last name (please print)	25. Date (YYYY MM DD)
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NOTE TO SUPPLIER - Send original (white copy) of Referral form and itemized invoices to:

Emergency Management BC	PO Box 9201, STN PROV GOVT
Victoria BC	V8W 9J1
PHONE	FAX
1-800-585-9559	(250) 952-4888

Information for Suppliers and ESS Responders

-- PLEASE READ --

IMPORTANT: An ESS Rates sheet must be attached. If no Rates sheet is provided, please confirm current rates prior to providing services by contacting Emergency Management BC (EMBC), Emergency Coordination Centre (ECC) at 1-800-663-3456.

General Information

- Refer to the attached ESS Rates sheet for a description of eligible goods/services and maximum rates.
- Charges for goods and services, including all applicable taxes, **must not exceed** the attached Emergency Social Services rates.
- Ensure that services are provided only to those individuals listed on the Referral form.
- Check "Valid Only" dates carefully. Services provided outside the 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 documents for their records.

Additional Lodging Information

- Other than the basic room charge and applicable taxes, all extra costs - including but not limited to, phone calls, movies, parking, damage or theft - are the responsibility of the evacuee.
- If the evacuee can bill meals to their room, please ensure the restaurant has an ESS Rates sheet and is aware of the meal allowances and restrictions. Itemized bills for meals provided must be included with the invoice.
- Billing rate does not include meals. A bill 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 EMBC.
- An itemized bill for each meal must be included with your invoice.

For Use of Supplier

Invoice Checklist

The following checklist is provided for your convenience to ensure your invoice documentation is complete and accurate prior to forwarding to Emergency Management BC (EMBC) for payment.

- Original (white) copy of Referral form received from evacuee.
 - Invoice includes supplier's name and address, and original itemized receipts/till tapes.
 - Write Referral # on upper right hand corner of all invoices and documents.
 - Goods or services rendered only to those people listed on the Referral.
 - Goods or services rendered are eligible items as listed on the ESS Rates sheet.
 - Goods or services rendered are within maximum rates as listed on the ESS Rates sheet.
 - Any exceptions have been authorized by EMBC and documented.
 - Make copies of invoices and receipts for your records.
 - Send original invoices and itemized receipts with white copy of Referral form to EMBC for payment.
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