



Emergency Support Services Supplier Instructions

under the Emergency and Disaster Management Act

During emergencies, local Emergency Support Services (ESS) programs give evacuees Referral Forms that authorize the purchase of goods and services from suppliers who are willing to accept them as payment and be reimbursed by the Ministry of Emergency Management and Climate Readiness (EMCR). Local ESS programs also use Referral Forms to buy bulk goods and services required for their facilities during a disaster response.

Accepting Referral Forms as Payment

Check ESS Rates Sheet

Refer to the ESS Rates Sheet (given to you by the evacuee or the local ESS program) for a description of eligible goods, services and maximum rates. All charges including taxes must not exceed these rates.

ESS rates change periodically— If viewing an ESS Rates Sheet dated earlier than the current fiscal year, confirm current rates with your local ESS contact or on the EMCR website.

Check ESS Referral Form

Provide services only to the evacuees named on the Referral form.

Check *Valid Only* dates— Services provided outside these dates will not be covered.

Check Comments section for any additional instructions.

Alcohol, tobacco and gratuities are not covered.

Groceries, clothing and incidentals are "one-time only" purchases.

Recommendation: Keep copies of all documentation for your records.

Hotels

All extra costs other than the basic room charge and applicable taxes **are the responsibility of the evacuee**, including but not limited to phone calls, movies, parking, damage or theft.

If the evacuee bills meals to their room, ensure the restaurant has an ESS Rates Sheet and is aware of the meal allowances and restrictions.

Restaurants

Meal allowances are set per meal, not per day. Meals for different times of day cannot be combined into one large order, unless prior authorization is obtained from Emergency Support Services at the Ministry of Emergency Management and Climate Readiness (EMCR).

Receipts for each meal must be itemized to be reimbursed.

Questions about accepting ESS Referrals as payment? Contact your local ESS program or call the ESS Information Centre (Toll-free): 1-800-585-9559.

Submitting Invoices for Reimbursement

Include all the below to avoid delays in payment.

Step 1 – Invoice the Ministry of Emergency Management and Climate Readiness.

Step 2 – Include original (white) copy of the completed ESS Referral form (EMCR2395).

Step 3 – Include itemized, original receipts or till tapes that break down all costs.

Step 4 - Submit

Online: via the Supplier Portal at ESS.gov.bc.ca

Or by mail:

ESS Finance Ministry of Emergency Management and Climate Readiness PO Box 9201 STN PROV GOVT Victoria BC V8W 9J1

Note: EMCR mails reimbursement cheques directly to the supplier.

Questions about preparing your invoice submission? Contact your local ESS program or call the ESS Information Centre (Toll-free): 1-800-585-9559.

Questions about invoices you have already submitted? Email ESS Finance: ESSFinanceInquiries@gov.bc.ca.

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- This Supplier Consent form does not constitute a legal agreement. It is intended to establish the willingness of a potential supplier to provide goods or services to evacuees referred to them by community ESS programs.
- · See the instructions on Page 1 before completing this form.
- For more information, visit gov.bc.ca/EMCR

Freedom of Information and Protection of Privacy Act (FOIPPA)

The Ministry of Emergency Management and Climate Readiness (EMCR) will collect your personal information for the purpose of providing you with emergency services in accordance with section 26(c) of the Freedom of Information and Protection of Privacy Act (FoIPPA). Questions about the collection, use, or disclosure of this information can be directed to the ESS Call Centre Manager at PO Box 9201, Stn Prov Govt, Victoria, BC, V8W 9J1 or by telephone toll free at 1-800-585-9559.

PART A – BUSINESS INFORMATION					
NAME OF SUPPLIER LEGAL NAME OF BUSINESS			GST NUMBER		
LOCATION OF BUSINESS (include street)	CITY/TOWN		PROVINCE	POSTAL CODE	
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MANUADO ADDRESO (' l . d. A. 1/0 'l . /D 'l . /D	0 0 0 0	OLT V/TOVANI	DD0\/\\	DOOTAL OODE	
MAILING ADDRESS (include Apt/Suite/Build	a Street)	CITY/TOWN	PROVINCE	POSTAL CODE	
EMAIL ADDRESS		TELEPHONE NUMBER		FAX NUMBER	
FULL NAME OF PRIMARY CONTACT	EMAIL ADDRESS		TELEPHONE NUMBER		
FULL NAME OF ALTERNATE CONTACT (1)		EMAIL ADDRESS		TELEPHONE NUMBER	
FULL NAME OF ALTERNATE CONTACT (2)		EMAIL ADDRESS		TELEPHONE NUMBER	
PART C - EMERGENCY SUPPORT SERVICES INFORMATION					
During an emergency or disaster local Emergency Support Services volunteers or staff representing the Community named					
below may request the following goods or services:					
NAME OF COMMUNITY	ME OF COMMUNITY EXAMPLES OF GOODS OR SERVICES				
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Questions or updated to this Supplier Consent can be directed to the following community contacts:					
NAME OF COMMUNITY CONTACT (1) ORGANIZAT		ION/AGENCY TITLE		TELEPHONE NUMBER	
NAME OF COMMUNITY CONTACT (2)	ORGANIZAT	TION/AGENCY T	TITLE	TELEPHONE NUMBER	
PART D – SUPPLIER CONSENT					
The Supplier will provide these goods or services and receive payment in accordance with the Emergency Support Services					
Rates listed on our website. See Page 1 for reimbursement instructions.					
SIGNATURE OF SUPPLIER F		FULL NAME		1	DATE SIGNED
					YYYY / MM / DD

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