



ELA.CORPLODGING.COM

Online Account User Guide

The screenshot shows the user interface for the CLC Lodging Emergency Lodging Assistance program. At the top, there are logos for CLC Lodging (Workforce Travel Savings & Solutions) and FEMA. A navigation bar includes links for HOME, PROGRAM INFORMATION, USER GUIDE, FAQ, CONTACT US, and LOGOUT. Below this, there are links for MyELA, Submit Billing, Billing History, and Guest Summary.

ADMIN MODE
This area will not show any hotel information until you have selected a hotel to view with the admin toolbar above.

GETTING STARTED
Check in a guest using this form.

Check Guest Qualification ?
Date of Checkin (REQUIRED)
(format: MM/DD/YYYY)
*You must fill in at least 3 fields below

Registration ID
First Name
Last Name
Last 4 digits of SSN #
Date of Birth
(format: MM/DD/YYYY)

Thank you for choosing to participate in the ELA program.
If you need assistance, please contact us at femahousing@corplodging.com or call our hotel support line: 1-866-545-9865

HOTEL SUPPORT LINE:
1-866-545-9865 for assistance.

ELA Program News [View All](#)
(January 10, 2012) All ELA Activations Complete
As of hotel check out time on January 10th, 2012 all ELA activations will complete. No more extension periods for assistance have been granted and all guests should be checked out of your hotel as their eligibility has ended. Please complete billing for all remaining guests checked into your system and complete your transactions by checking them out of the system. As always our Support Center Representatives are available to assist you with any questions you may have while completing your final billing submissions. Thank you to all the lodging partners assisting in this effort.

You last logged in on: 01/16/2012
[Change your password here](#)

Look for the help icon throughout the site for information about how to use the tools found here. [? HELP](#)

UPDATE ROOM AVAILABILITY
You have rooms available.
[Make Rooms Unavailable](#)

Guest Alerts [View All](#)
No New Alerts Available



TABLE OF CONTENTS

| | |
|--|-------------|
| Program Enrollment | Pages 3-9 |
| Online Account Sign-In | Page 10 |
| My ELA Page | Page 11 |
| Property Information Updates | Page 12 |
| Survivor Qualification & Check-in | Pages 13-19 |
| Submit Billing | Page 20 |
| Lodging Provider Summary | Page 21-23 |
| Billing History | Pages 24-25 |
| Lodging Provider Payment Processing Instructions | Page 26-27 |



PROGRAM ENROLLMENT

BEFORE ENROLLING, PLEASE CALL 1-866-545-9865 TO VERIFY IF YOUR PROPERTY ALREADY HAS AN EMERGENCY LODGING ASSISTANCE ACCOUNT.

Login ←

UserName

Password

SUBMIT >>

HOTEL ENROLLMENT
▼ ▼ ▼ ▼ ▼

If you need an ELA Hotel
Account Please [Click Here](#)

[I forgot my password](#)

- All hotels/lodging providers wishing to participate in the Emergency Lodging Assistance (ELA) Program must first complete CLC Lodging's (CLC) online enrollment process at the Program website ela.corplodging.com (**NOTE: no www**)



PROGRAM ENROLLMENT (CONTINUED)

If you do not have a current Corporate Lodging user account, please click the 'ENROLL' button to continue on and create a new account.

ENROLL >>

If you have a current Corporate Lodging user account, please login below and we will look up your information to help with your ELA account creation.

Username

Password

LOGIN >>

Hotel ELA Enrollment ? HELP

Please complete **ONE** of the pairings below to identify your property:

If you do not have any of the below information: [Skip This >>](#)

1) CLC #

CLC Check #

OR

2) Hotel Chain

Chain Property #

OR

3) Sabre or Worldspan #

Zip Code

SUBMIT >>

- Click **Enroll** to begin the ELA account enrollment process
- Properties with existing CLC WebCheckINN accounts may enter their respective WebCheckINN usernames and passwords and then click **Login** to pre-populate associated lodging provider information on the next page

- Hotels/lodging providers can identify their property via one of three convenient options:
 - CLC number & CLC Check number
 - Lodging provider Chain & Chain Property number
 - Sabre or Worldspan number & Zip Code
- Enter the applicable information in the fields provided
- Click **Submit**

- If you are unable to provide any of the above information, click **Skip This** to manually create your lodging provider account



PROGRAM ENROLLMENT (CONTINUED)

Hotel Information > Hotel Confirmation > Hotel Amenities > Finished

Hotel Account Creation HELP

No match was found.

Please enter your hotel information below.

(Required fields are marked with a *)

Hotel Name*

Address*

Address 2

City* State* Zip*

Phone* 5555555555

Fax* 5555555555

Contact Name*

Manager's Cell Phone 5555555555

CLC Hotel #

Sabre #

WorldSpan #

Hotel Chain

Hotel Chain Property #

Username:* (No spaces or special characters)

- The **Lodging Provider Account Creation** screen allows prospective ELA program partners to create an ELA account by supplying complete contact information

- Enter your property's contact information in the fields provided

- Create a **Username** for your ELA account (NOTE: choose a username that is property-related and easy for you to remember)

- Enter your **first** and **last** name in the fields provided

- Enter your **email** in the fields provided
NOTE: accurate email information is essential. CLC delivers your new account password to the email address provided

- Click **Submit**



PROGRAM ENROLLMENT (CONTINUED)

The screenshot shows a web interface for 'Hotel Confirmation'. At the top, there are four navigation arrows: 'Hotel Information', 'Hotel Confirmation', 'Hotel Amenities', and 'Finished'. The 'Hotel Confirmation' arrow is highlighted. Below the navigation is a 'HELP' button. The main content area contains the following text and fields:

Please review the information below to ensure it is accurate.

The information below has been formatted to match the US Postal format.

Hotel Name: My Hotel

Address:
123 Any Street
Wichita KS, 67203
Phone: (555) 555-5555
Fax: (555) 555-5555

Contact Name: Jane Doe

CLC Hotel #:
Sabre #:
WorldSpan #:

Hotel Chain: Please Select...

Hotel Chain Property #:
Username: Jandoe1
First Name: Jan
Last Name: Doe
Email: jdoe@gmail.com

If you need to change something, click Edit.

If everything looks correct, click Submit.

At the bottom, there are two buttons: 'Edit >>' and 'SUBMIT >>'. Arrows from callout boxes point to the 'Hotel Confirmation' arrow, the 'Edit >>' button, and the 'SUBMIT >>' button.

- The **Lodging Provider Confirmation** screen allows properties to review their provided contact information

- Review the information displayed in the **Lodging Provider Confirmation** section

- Click **Edit** to revise any of the displayed lodging provider contact information

- Click **Submit** to confirm the displayed lodging provider contact information



PROGRAM ENROLLMENT (CONTINUED)

Hotel Information > Hotel Confirmation > Hotel Amenities > Finished

Hotel Amenities

HELP

Please complete the required information below:

| | |
|--|--|
| Total number of rooms for the physically challenged/handicapped: <input type="text"/> <small>(example: 50 - Do not enter any text)</small> | Total number of guest rooms (including suites): <input type="text"/> |
| Pets Allowed? <input type="radio"/> Yes <input checked="" type="radio"/> No | Pet Policy and/or Cost: <input type="text"/> <small>(example: The pet under 25 lbs - \$15 additional fee)</small> |
| In Room Kitchen Facilities (refrigerator and stove)? <input type="radio"/> Yes <input checked="" type="radio"/> No | Breakfast (provided at no charge): Mon. - Fri. <input type="radio"/> Yes <input checked="" type="radio"/> No Sat. & Sun. <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Lunch (provided at no charge): Mon. - Fri. <input type="radio"/> Yes <input checked="" type="radio"/> No Sat. & Sun. <input type="radio"/> Yes <input checked="" type="radio"/> No | Dinner (provided at no charge): Mon. - Fri. <input type="radio"/> Yes <input checked="" type="radio"/> No Sat. & Sun. <input type="radio"/> Yes <input checked="" type="radio"/> No |

- The **Lodging Provider Amenities** screen allows lodging partners to identify various facilities and services available at their property

- In the required fields provided, identify the amenities available at your property

NOTE: please provide as accurate information as possible to assist individuals seeking lodging



PROGRAM ENROLLMENT (CONTINUED)

The following information is optional, but we encourage you to complete the form. You can return and edit this information at a later time.

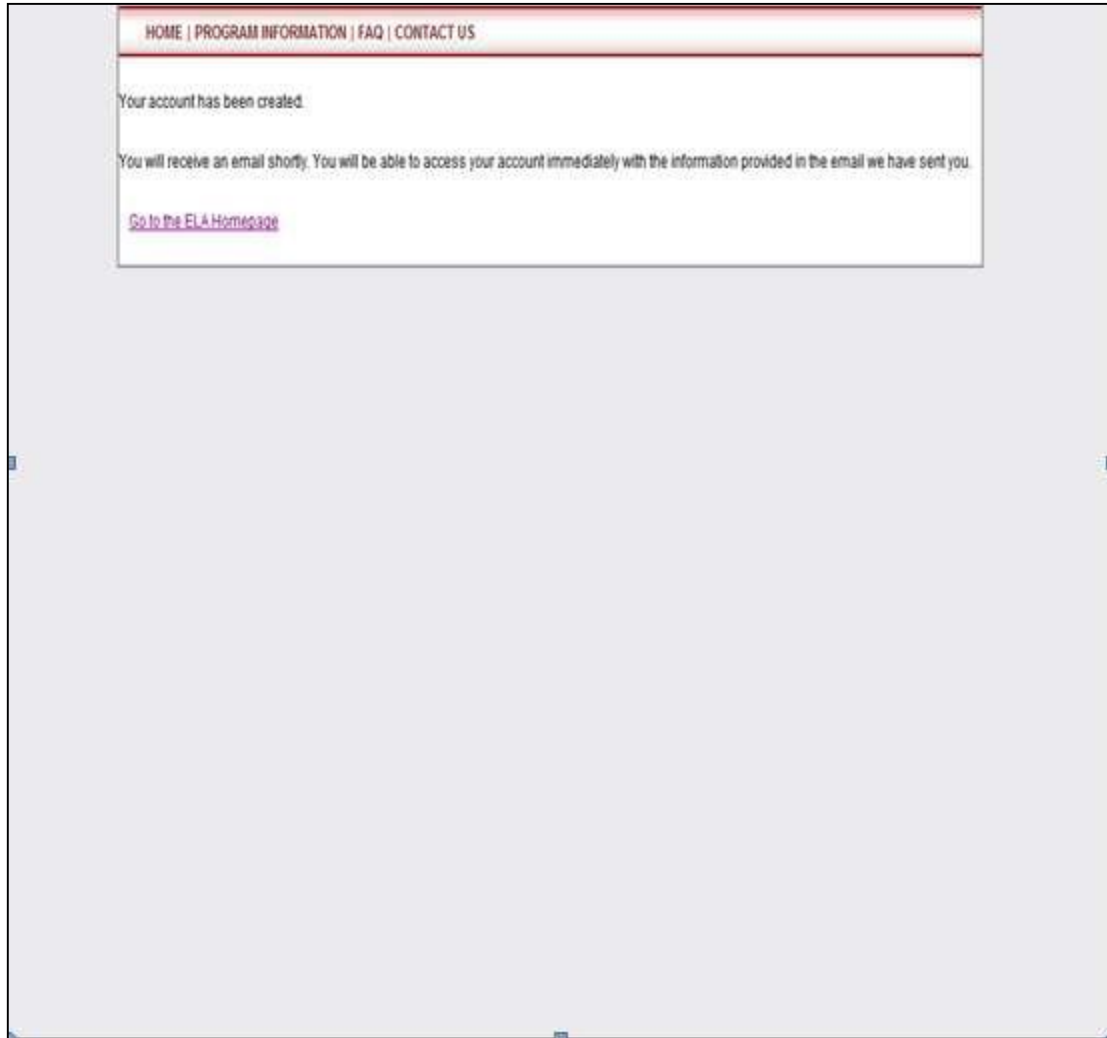
| | |
|--|---|
| Hotel Internet Address: <input type="text"/> <small>(E.g. http://www.yourhotel.com)</small> | Does hotel comply with the Americans with Disabilities Act of 1990? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA |
| Year of last complete guest room renovation: <input type="text"/> <small>(example: 1999)</small> | |
| Total number of non smoking rooms (including suites): <input type="text"/> | Self-service laundry on-site: <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Management Company: <input type="text"/> | Ownership Company: <input type="text"/> |
| Is your property certified by the National Minority Supplier Development Council? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA | Is your property certified by Small Business Administration or Women's Business Enterprise National Council? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA |
| Lodging tax: <input type="text"/> <small>(if not applicable, enter 0)</small> <small>(Do not enter a decimal for % entries)</small> | Lodging tax: Percent or fixed amount? <input checked="" type="radio"/> Percent <input type="radio"/> Fixed |
| State tax: <input type="text"/> <small>(if not applicable, enter 0)</small> <small>(Do not enter a decimal for % entries)</small> | State tax: Percent or fixed amount? <input checked="" type="radio"/> Percent <input type="radio"/> Fixed |
| City tax: <input type="text"/> <small>(if not applicable, enter 0)</small> <small>(Do not enter a decimal for % entries)</small> | City tax: Percent or fixed amount? <input checked="" type="radio"/> Percent <input type="radio"/> Fixed |
| Occupancy tax: <input type="text"/> <small>(if not applicable, enter 0)</small> <small>(Do not enter a decimal for % entries)</small> | Occupancy tax: Percent or fixed amount? <input checked="" type="radio"/> Percent <input type="radio"/> Fixed |
| Free Continental breakfast: <input type="radio"/> Yes <input checked="" type="radio"/> No | Restaurant on site: <input type="radio"/> Yes <input checked="" type="radio"/> No |

SUBMIT >>

- In the optional fields provided in the **Lodging Provider Amenities** screen, identify additional amenities available at your property
- Click **Submit**



PROGRAM ENROLLMENT (CONTINUED)



- Upon successful enrollment, your ELA account will be activated
- CLC emails your ELA account password to the email address provided during the enrollment process
- Use your username and supplied password to access your ELA account

- It is important to immediately sign into the newly requested ELA account to review the **Emergency Lodging Assistance Payment Contract**
- The system prompts you to initial and agree to the contractual terms provided
- Print a copy of the payment contract for your records prior to initialing and agreeing to the terms electronically



ONLINE ELA ACCOUNT SIGN-IN

A screenshot of a web form titled "Login". It contains two input fields: "UserName" and "Password". Below the fields is a brown "SUBMIT >>" button. Underneath the button is a "HOTEL ENROLLMENT" section with five downward-pointing triangles. Below that, there is text: "If you need an ELA Hotel Account Please [Click Here](#)". At the bottom, there is a link: "[I forgot my password](#)".

- Participating lodging partners are required to enter their **Username and Password** to access the **Emergency Lodging Assistance** online billing system

- Enter your **Username** and **Password** in the fields provided

- Click the **SUBMIT** button

- The **Username and Password** is established by each property. If the **Password** is lost, click on the applicable **I forgot my password** retrieval link



MyELA PAGE

The screenshot shows the MyELA user interface. At the top, there are logos for CLC LODGING and FEMA. Below the logos is a navigation bar with links like HOME, PROGRAM INFORMATION, USER GUIDE, etc. The main content area is divided into several sections:

- ADMIN MODE:** A notice stating that the area will not show any hotel information until a hotel is selected.
- GETTING STARTED:** A red banner with the text "Check in a guest using this form."
- Check Guest Qualification:** A form with fields for Date of Checkin, Registration ID, First Name, Last Name, Last 4 digits of SSN #, and Date of Birth.
- HOTEL SUPPORT LINE:** A section with the phone number 1-866-545-9865.
- ELA Program News:** A section with a "View All" link and the text "No News Available".
- UPDATE ROOM AVAILABILITY:** A section with a "Make Rooms Unavailable" button and the text "You have rooms available."
- Guest Alerts:** A section with a "View All" link and the text "No New Alerts Available".
- Log in/Password section:** A box showing the last login date (09/13/2018) and a "Change your password here" link.
- HELP:** A section with a "HELP" button and text about finding help icons.

- From the *MyELA* page, lodging partners are able to change ELA account passwords
- ELA program partners **Update Room Availability** to remove or publish their properties to the Program lodging directory (www.femaevachotels.com)
- Click on the green/red oval to **Make Rooms Unavailable** or to **Make Rooms Available** (pertaining to additional rooms available and not FEMA survivors already in house)
- Updates regarding FEMA survivors' qualification periods, including extensions or terminations of assistance, are reviewed in the **Survivor Alerts** section of the *MyELA* page
- Program updates can be viewed in the **ELA Program News** section
- You can view and edit contact info on the *MyELA* page
- To make any changes, click the **Edit This Information** link in the **Lodging provider Information** field



PROPERTY INFORMATION UPDATES

- You can view and edit contact info on the *MyELA* page
- To make any changes, click the **Edit This Information** link in the **Lodging Provider Information** field



LODGING PROVIDER QUALIFICATION & CHECK-IN

GETTING STARTED
Check in a guest using this form.

Check Guest Qualification ?

Date of Checkin (REQUIRED)

(format: MM/DD/YYYY)
*You must fill in at least 3 fields below

Registration ID

First Name

Last Name

Last 4 digits of SSN #

Date of Birth

(format: MM/DD/YYYY)

SUBMIT >>

CLC provides ELA Program partners with instant survivor verification, authorized dates of stay and number of rooms allocated when the **Check Survivor Qualification** online form is completed

- Enter or select the survivor's **Date of Checkin** in the field provided, followed by 3 of the following fields:
- Survivor's Registration ID number
- Survivor's First Name
- Survivor's Last Name
- Survivor's Last 4 digits of Social Security number (SSN#)
- Survivor's Date of Birth

(NOTE: survivor registration information must match FEMA's records exactly when submitted or the survivor may not be found in the database. For assistance or to confirm survivor qualification, please contact the ELA Lodging Support Center at 1-866-545-9865)

- Click **SUBMIT**



LODGING PROVIDER QUALIFICATION & CHECK-IN

CLC LODGING
 EMERGENCY LODGING ASSISTANCE

FEMA Emergency Lodging Assistance

HOME | PROGRAM INFORMATION | USER GUIDE | FAQ | CONTACT US | LOGOUT

MyELA | Submit Billing | Billing History | Guest Summary

is qualified through 09/28/2013 .

Please fill out the following forms to verify you have collected some form of valid government issued identification.

you will need to collect a valid government issued photo ID of this guest and keep it on record. You will also need to collect a completed and signed "U.S. Department of Homeland Security's ELA Terms and Conditions" from this guest before initial check in and a new form following every extension should the guest be granted one. Payments will not be made for any guest that has not turned in a signed "U.S. Department of Homeland Security's ELA Terms and Conditions". Once you have done this, please check the box below and click continue. If you do not wish to check the guest into your hotel at this time click cancel.

I have collected identification for this guest, and I agree to keep it on record for 2 years.

I have collected a signed and completed (by this guest) "U.S. Department of Homeland Security's ELA Terms and Conditions" form. This form can be downloaded [here](#).

I agree to comply with all applicable laws pertaining to the Privacy Act of 1974 and agree to not disclose or extract any guest's personally identifiable information (PI) in verbal, written, and/or electronic form, except as authorized by representative(s) of CLC Lodging (CLC) and/or an official written request from the US Federal Emergency Management Agency (FEMA).

Click **Check In** below to Start the Check In process. You **MUST** complete the room assignment form on the next screen to complete checking this guest in.

Check In >> **Cancel >>**

- All qualified survivors requesting lodging must present a valid, government-issued photo ID (for example, a current state issued driver's license) at check-in
- Obtain a signed-and-completed **ELA Terms and Conditions Form** from the survivor. The form is printed by the property and is found by clicking on the **Program Information** menu (**NOTE: updates regarding FEMA survivors' qualification periods are reviewed in the Survivor Alerts section of the MyELA page**)
- Check the following boxes as appropriate:
 - "I have verified identification for this survivor..."
 - "I have collected a signed and completed (by the survivor)..."
 - "I agree to comply..."
- Click **Check In** to proceed with the survivor's check in process

If the survivor is unable to present a valid, government-issued photo ID, click **Cancel** to end the check-in session



- After survivor qualification, complete the check in process via the **Survivor Room Assignment** screen

The **Survivor Room Assignment** screen displays the survivor's authorization information (including ELA eligibility period and rooms available)

- Click **Check In** to assign the survivor a room
 - Enter the requested room information in the fields provided
- Lodging providers may enter UP TO the regular RACK room rate and taxes for the assigned room.**

- Lodging Providers can allocate their daily room rate and various taxes
- See next page for a breakdown of how for an example using the allocations for daily rate and taxes.

- **CLC's ELA website immediately alerts lodging providers of daily room charges that exceed the program's overage threshold as determined by FEMA for the specific disaster**

Guest Room Assignment HELP

Guest: GEORGE WASHINGTON

The following rooms are approved for this guest:
 (You can only check in one room at a time)

| Available Rooms | Room Qualification Dates | Options |
|-----------------|--------------------------|-----------------|
| 1 | 06/14/2022 - 12/31/2022 | Check In |

Scroll down to submit this information.

Folio Number*

Room Number*

Check In Date *

(format: MM/DD/YYYY)

Any Special Needs Requirements (Optional)

Elderly
 Health
 Disabled
 Other Please Specify

Does this room have a kitchenette?*

A hotel/motel will be considered as having adequate "kitchen facilities" when it has all of the following present: 1) Kitchen Sink; 2) Burners or Cook Stove (hot-plates are not considered cook stoves); and 3) Standard Size Refrigerator.

Yes No

Daily Room Rate (Including Occupancy Tax)*
 \$ (No \$ Signs)

State Tax Amount
 \$ (No \$ Signs)

County Tax Amount
 \$ (No \$ Signs)

City Tax Amount
 \$ (No \$ Signs)

Occupancy Tax Amount
 \$ (No \$ Signs)

Convention/Tourism Tax Amount
 \$ (No \$ Signs)

Misc 1 Tax Amount
 \$ (No \$ Signs)

Misc 2 Tax Amount
 \$ (No \$ Signs)

Daily Tax Amount
 \$

Pet Fees
 \$ (No \$ Signs)

Total Daily Rate:
 0.00

SUBMIT >>

CLC LODGING
**EMERGENCY
LODGING ASSISTANCE**



- Here is an Example with the check in rate fields filled out.
- This property is checking in the survivor for **Room 123** using a **Daily Rate** of \$90 Before tax.
 - \$5.55 for **State tax**
 - \$4.44 for **County tax**
 - \$3.33 for **City tax**
 - \$2.22 for **Occupancy tax**
 - \$0.00 for **Convention/Tourism Tax**
 - \$1.11 for **Misc tax** labeled as **Arena Tax**Automatically calculated the Total Daily Taxes as \$16.65
- Add a **Nightly Pet Fee** (If applicable).
- Automatically added nightly rate, taxes and pet fees to give the **Total Requested Daily Rate**.
- When finished click **Submit**.

Guest Room Assignment HELP

Guest: GEORGE WASHINGTON

The following rooms are approved for this guest:
(You can only check in one room at a time)

| Available Rooms | Room Qualification Dates | Options |
|-----------------|--------------------------|-----------------|
| 1 | 06/14/2022 - 12/31/2022 | Check In |

Scroll down to submit this information.

Folio Number*
8675309

Room Number*
123

Check In Date *
06/14/2022
(format: MM/DD/YYYY)

Any Special Needs Requirements (Optional)

Elderly
 Health
 Disabled
 Other _____ Please Specify

Does this room have a kitchenette?*

A hotel/motel will be considered as having adequate "kitchen facilities" when it has all of the following present: 1) Kitchen Sink; 2) Burners or Cook Stove (hot-plates are not considered cook stoves); and 3) Standard Size Refrigerator.

Yes No

Daily Room Rate (Including Occupancy Tax)*
\$ 90 (No 5 Signs)

State Tax Amount
\$ 5.55 (No 5 Signs)

County Tax Amount
\$ 4.44 (No 5 Signs)

City Tax Amount
\$ 3.33 (No 5 Signs)

Occupancy Tax Amount
\$ 2.22 (No 5 Signs)

Convention/Tourism Tax Amount
\$ 0 (No 5 Signs)

Misc 1 Tax Amount
\$ 1.11 Arena Tax (No 5 Signs)

Misc 2 Tax Amount
\$ 0 Misc 2 Description (No 5 Signs)

Daily Tax Amount
\$ 16.65

Pet Fees
\$ 10 (No 5 Signs)

Total Daily Rate:
\$116.65

SUBMIT >>



Guest Room Assignment

[? HELP](#)

Guest: GEORGE WASHINGTON

The following rooms are approved for this guest:

(You can only check in one room at a time)

| Available Rooms | Room Qualification Dates | Options |
|-----------------|--------------------------|--------------------------|
| 1 | 06/14/2022 - 12/31/2022 | Check In |

The room charges (Daily Room Rate + Daily Tax Amount) entered exceed the maximum allowed under this program by \$10.65.

Please adjust your daily rate(s) on the form below and click Submit.

Guest Room Assignment

[? HELP](#)

Guest: GEORGE WASHINGTON

The following rooms are approved for this guest:

(You can only check in one room at a time)

| Available Rooms | Room Qualification Dates | Options |
|-----------------|--------------------------|--------------------------|
| 1 | 06/14/2022 - 12/31/2022 | Check In |

You have selected a check in date that is earlier than the current date. By clicking "I AGREE" below you certify that the check in date of 06/14/2022 was the actual date this guest checked in to your property and was not entered in error.

[I AGREE](#)[Cancel >>](#)

CLC's ELA website immediately alerts lodging providers of daily room charges that exceed the program's overage threshold as determined by FEMA for the specific disaster

- Here is an example where the total requested daily rate was **Over** FEMA's cap amount for the program.

Qualified survivors are responsible for paying any amount exceeding the program's overage threshold (**NOTE: Lodging providers are responsible for collecting any overage amount from the survivor**)

- If this happens, the lodging provider **MUST** re-enter the adjusted survivor room assignment information to continue.
- Once the adjustment is accepted a confirmation pop-up will need to be accepted, by clicking **I agree**.



CLC LODGING FEMA Emergency Lodging Assistance

HOME | PROGRAM INFORMATION | USER GUIDE | USER GUIDE (EN ESPAÑOL) | FAQ | CONTACT US | LOGOUT

MyELA | Submit Billing | Billing History | Guest Summary

Guests Summary HELP

Billing History Search

Guest Last Name

Date of Stay

Room #

Folio #

Search >>

Your full guest history is available for download: [DOWNLOAD FILE](#)

| Guest Name | Qualification Period | Room # | Folio # | Daily Room Rate | Status | Details |
|-------------------|-------------------------|--------|---------|-----------------|----------------------------|----------------|
| GEORGE WASHINGTON | 06/14/2022 - 12/31/2022 | 123 | 8675309 | \$95.65 | CHECKED IN (06/14/2022) | DETAILS |

- Click on the tab **Guest Summary** to view the survivors that are currently staying /or stayed at the property.
- View a brief overview of the survivors stay, including the *survivors name, qualification period, room number, folio number, daily room rate and status* of the stay.

- Click **Details** next to the survivors information for more details or to edit the information.

*Please note the Daily Room Rate listed here is the **Daily Room rate without Taxes.**

EMERGENCY
LODGING ASSISTANCE

Guest Room Assignment ? HELP

Guest: GEORGE WASHINGTON

There are no additional rooms approved for this guest to be checked into.

Room 123 [Edit This Check In](#)

| | |
|----------------------------------|-------------------------------------|
| Status: CHECKED IN | Date In: 06/14/2022 |
| Folio Number: 8675309 | Date Out: --- |
| Billed From: --- | Billed Through: --- |
| Allowed Daily Room Rate: \$80.00 | Allowed Daily Tax Amount: \$15.65 |
| | Allowed Daily Pet Fee: \$0.00 |
| | Allowed Total Daily Rate: \$95.65 * |

*This is the amount FEMA will pay

[Cancel Check In](#)

[Check Out](#)

- View more details about the survivors stay.
- If there is any information that was entered incorrectly click **Edit this Check in.**
- Edit the fields needed and when finished click **Submit.**

Edit Room

Guest:
GEORGE WASHINGTON

Folio Number*
8675309

Room Number*
123

Check In Date *
06/14/2022 (format: MM/DD/YYYY)

Any Special Needs Requirements (Optional)

Elderly

Health

Disabled

Other Please Specify

Daily Room Rate (Including Occupancy Tax)*
\$ 80.00 (No \$ Signs)

State Tax Amount
\$ 5.55 (No \$ Signs)

County Tax Amount
\$ 4.44 (No \$ Signs)

City Tax Amount
\$ 3.33 (No \$ Signs)

Occupancy Tax Amount
\$ 1.22 (No \$ Signs)

Convention/Tourism Tax Amount
\$ 0.00 (No \$ Signs)

Misc 1 Tax Amount
\$ 1.11 Arena Tax (No \$ Signs)

Misc 2 Tax Amount
\$ 0.00 Misc 2 Description (No \$ Signs)

Total Applicable Daily Tax Amount
\$ 15.65

Pet Fees
\$ 0.00 (No \$ Signs)

Total Daily Rate:
\$95.65

[SUBMIT >>](#)



SUBMIT BILLING

| Guests Available for Billing ? HELP | | | | | | |
|--|---------|--------|---------------|-------------------|-------------|----------------------|
| Guest Name | Folio # | Room # | Check-in Date | Qualified Through | Billed Thru | Options |
| ELA611 TEST611 | 100 | 1408 | 07/30/2007 | 01/31/2008 | ... | BILL >> |

Bill Stay for ELA611 TEST611 ? HELP

Guest
 ELA611 TEST611

Folio Number
 100

Room Number
 1408

Billing From Night Of:
 07/31/2007

Billing Through Night Of:

Check this guest out? (The check out date will be: 08/01/2007)
 Guest is not checking out at this time.

SUBMIT >>

- To begin the billing process, hotels must first qualify and check-in the survivor

(NOTE: refer to the User Guide Survivor Qualification & Check-in for further instructions)

- Click **Submit Billing** on the navigation bar to access the **Survivors Available for Billing** screen

- The **Survivors Available for Billing** screen displays an overview of all survivors checked into the lodging provider
- Lodging providers have the flexibility to either partially bill for ELA survivor stays or complete final billing at their convenience

NOTE: Each survivor stay can only be billed once per day)

- Under **Options**, click the **BILL** button to issue a bill for the survivor's stay

- On the **Bill Stay** screen, enter all applicable information in the fields provided, including opting to either check out the survivor or leave checked in, based on their in-house status
- Click **Submit**



LODGING PROVIDER SUMMARY

HOME | PROGRAM INFORMATION | FAQ | CONTACT US | LOGOUT

MyELA | Submit Billing | Billing History | [Guest Summary](#)

Guests Summary HELP

The information below is available for download: [DOWNLOAD FILE](#)

| Guest Name | Qualification Period | Room # | Folio # | Daily Room Rate | Status | Options |
|---|-------------------------|--------|---------|-----------------|----------------------------|-------------------------|
| ELA611 TEST611 VIEW ALERTS | 07/30/2007 - 01/31/2008 | 1408 | 100 | \$82.50 | CHECKED IN (07/30/2007) | DETAILS |
| ELA690 TEST690 | 07/31/2007 - 01/31/2008 | 222 | 12A | \$0.00 | CHECKED IN (07/31/2007) | DETAILS |
| ELA986 TEST986 | 07/31/2007 - 12/01/2007 | 55 | 15a | \$61.50 | CHECKED IN (07/31/2007) | DETAILS |

- **Survivor Summary** provides an overview of the survivor history for your property

- Click **Survivor Summary** on the navigation bar to access a summarized view of survivors registered with your property

- The Survivor Summary screen offers an assortment of options. To access these options, perform the following:
- Click **DOWNLOAD FILE** to obtain an Excel™ spreadsheet of the property's entire survivor summary file
- If applicable, click **VIEW ALERTS** to access survivor specific account updates
- Click **DETAILS** under the **Options** column to access a detailed view of the survivor's profile



LODGING PROVIDER SUMMARY (CONTINUED)

Guest Detail
? HELP

Guest: ELA986 TEST986

The following rooms are approved for this guest:

(You can only check in one room at a time)

| Available Rooms | Room Qualification Dates | Options |
|-----------------|--------------------------|---|
| 1 | 07/31/2007 - 08/15/2007 | Check In |

Room 55
Edit This Check In

Status: CHECKED IN

Folio Number: 15a

Billed From: ---

Allowed Daily Room Rate: \$50.00

*This is the amount FEMA will pay

Date In: 07/31/2007

Date Out: ---

Billed Through: ---

Allowed Daily Tax Amount: \$1.50

Allowed Total Daily Rate: \$51.50*

Cancel Check In

Check Out

- The **Survivor Details** screen provides an overview of the survivor's check-in information

- If applicable, the **Survivor Details** screen displays additional rooms available for the survivor
- If necessary, click **Check In** to assign an additional room for the survivor.
 (NOTE: refer to the User Guide Survivor Qualification & Check-in section for further instructions)

- If necessary, click **Edit This Check In** to access the **Edit Room** screen

- If necessary, click **Cancel Check In** to void the survivor's check in from your lodging provider registry

- If necessary, click **Check Out** to access the survivor's **Check Out** screen. In most cases, it is best to submit final billing at the same time as checking out survivors.
 (NOTE: refer to the User Guide Submit Billing section for further instructions)



LODGING PROVIDER SUMMARY (CONTINUED)

Edit Room

Guest:
ELA986 TEST986

Folio Number*
15a

Room Number*
55

Check In Date *
07/31/2007

Any Special Needs Requirements (Optional)

Elderly
 Health
 Disabled
 Other Please Specify

Daily Room Rate (Including Occupancy Tax)*
\$ 65 (No \$ Signs)

Total Applicable Daily Tax Amount
\$ 5 (Sales Tax - No \$ Signs)

Total Daily Rate:
\$70

SUBMIT >>

- The **Edit Room** screen allows lodging partners to revise a survivor's check-in information
- Enter the revised survivor check-in information in the fields provided
- Click **SUBMIT** to complete the revised survivor check in process

Check Out ELA611 TEST611 HELP

Guest
ELA611 TEST611

Folio Number
100

Room Number
1408

Check this room out on:
07/31/2007

SUBMIT >>

- The **Check Out** screen allows properties to check out a survivor
- Enter the check-out date in the field provided
- Click **SUBMIT** to complete the survivor check out process.
- Lodging providers must submit survivor billing in order to receive payment

(NOTE: refer to the User Guide Submit Billing section for further instructions)



BILLING HISTORY

Billing History Search
[? HELP](#)

Check #

Guest Last Name

Date Billed

Date of Stay

Room #

Folio #

[Search >>](#)

- **Billing History** provides an overview of all submitted billings. Detailed views of survivor billings and payment inquiries are available for convenient recordkeeping

- Click **Billing History** on the navigation bar to access a summarized view of a property's historical billing record

- The **Billing History Search** dialog box allows user to customize their search

- The **Billing History** screen offers an assortment of options. To access these options, perform the following:

- Click **DOWNLOAD FILE** to obtain an Excel™ spreadsheet of the property's entire survivor billing file

- If applicable, click **VOID** under the **Actions** column to cancel the survivor billing

- Please contact CLC via the ELA Program Lodging Support Center (1-866-545-9865) for instructions on how to **ADJUST** billing for survivor stays which reflect status of PROCESSED

- Click **DETAILS** under the **Actions** column for a detailed view of the survivor billing

Billing History
[? HELP](#)

The information below is available for download: [DOWNLOAD FILE](#)

| Guest | Folio # | Room # | Billed Nights of Stay | Total Billed | Total Paid | Billed Date | Check # | Check Date | Status | Actions |
|-----------------------------------|---------------------|----------------------|-------------------------------------|--------------|------------|---------------------------|---------|------------|-------------------|---|
| ELA811 TEST811 | 100 | 1408 | 7/30/2007 - 7/30/2007 (1 Nights) | \$0.00 | \$0.00 | 7/31/2007 | | | VOIDED | DETAILS |
| ELA811 TEST611 | 100 | 1408 | 7/30/2007 - 7/30/2007 (1 Nights) | \$82.50 | \$0.00 | 7/31/2007 | | | BILL SUBMITTED | DETAILS VOID |



BILLING HISTORY

Bill History Detail ? HELP

| | |
|---------------------|-------------------------------|
| Guest | Qualification End Date |
| ELA611 TEST611 | 01/31/2008 |
| Folio Number | Billed Date |
| 100 | 07/31/2007 |
| Room Number | Billed Period |
| 1408 | 07/30/2007 - 07/30/2007 |
| Total Billed | Total Paid |
| \$82.50 | \$82.50 |

Check Info

| Date | Amt Billed | Amt Paid | Check # | Check Date |
|------------|------------|----------|-----------------------|------------|
| 07/31/2007 | \$82.50 | \$82.50 | 85476 | 08/02/2007 |

<< Back

- The **Bill History Detail** screen displays:
 - The survivor’s qualification end date, room information, and cumulative rates
 - Complete itemized history of all billings submitted for the survivor
 - Click **Back** to return to the **Billing History** screen
-
- Thank you for your participation with the Emergency Lodging Assistance (ELA)Program
 - For additional questions, the ELA Program Lodging Support Center can be reached by phone at **1-866-545-9865** (Monday through Friday, 8 a.m. to 5 p.m. CST) or by email at **femahousing@clclodging.com**



LODGING PROVIDER PAYMENT PROCESSING INSTRUCTIONS



MasterCard
Worldwide

ELA Virtual Card Payment Program!

- You will receive a remittance advice and a MasterCard account number via email each time we have approved a payment to you.
- You will be issued a 6-digit prefix you will need to retain for all future payments.
- You will receive an email notification of payment for listed invoices with a unique 10-digit number.
- Combine the 6-digit prefix with the unique 10-digit number to create your complete Mastercard account number. You will process this payment like any other credit card transaction.
- Your funds settlement will be received within 24-48 hours through your merchant processor.
- Your remittance advice will be emailed from our payment processor, Comdata. Please make sure your email system will accept messages from the following email addresses:

payment.advisory@comdata.com, vendorenrollment@comdata.com and iconnectdata@comdata.com.
- The “Billing History” tab on your ela.corplodging.com account will have all of the details for this payment.



LODGING PROVIDER PAYMENT PROCESSING INSTRUCTIONS

Example of an actual payment email notification



Note: The remittance advice will be delivered by our payment processor Comdata from the following email addresses: payment.advisory@comdata.com, vendorenrollment@comdata.com or iconnectdata@comdata.com.

Subject: Electronic Payment Advisory from [COMPANY NAME] - ACTION REQUIRED

From: [Company Name]
 Contact Name (A/P Issuer)
 Address
 Telephone number
 Fax Number
 Email address

To: VENDOR: Vendor Name
 VENDOR FAX #: Vendor Fax Number
 PAYMENT #: Payment Number

The invoices listed below have been authorized by YOUR COMPANY NAME on 12/15/2009 to be charged to the following MasterCard number for the Total Net Paid amount indicated:

MASTERCARD#: XXXXXX0004814223 Exp: 01/10 Security Code: 583

| Inv Date | Invoice Number | Gross Amt | Discount Amt | Net Amt Paid |
|---|----------------|-----------|--------------|---------------|
| 12/10/2009 | 13048 | \$1.00 | \$0.00 | \$1.00 |
| Comments: For Supplies ordered on 11/20/09 by Joe N | | | | |
| 12/10/2009 | 464799 | \$1.00 | \$0.00 | \$1.00 |
| Comments: Paid due 12/15/09 | | | | |
| 12/10/2009 | 879464 | \$1.00 | \$0.00 | \$1.00 |
| Comments: Jim Smith Travel | | | | |
| Total net paid: | | | | \$3.00 |

We recommend that you run the card through once for the full "Total Net Paid" amount. Please contact the [Company Name] Accounts Payable department at vendorenrollment@comdata.com if you have any questions regarding this payment.

MasterCard Acceptance Rules: Please note that if you currently accept payments via MasterCard from any other commercial (non-consumer) customers, you are required to accept card payments from all customers who wish to pay via MasterCard, regardless of invoice size or frequency. Accepting MasterCard payments from some customers and not others is a direct violation of the "Honor All Cards" rule in your MasterCard agreement. See sections 5.10.1 and 5.11.3 or contact your card processor for details. For additional information on processing Comdata MasterCard payments, visit www.comdata.com/vendors.

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