



ELA.CORPLODGING.COM

# Online Account User Guide

**CLC LODGING**  
WORKFORCE TRAVEL  
SAVINGS & SOLUTIONS

FEMA

Emergency  
Lodging  
Assistance

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

MyELA | Submit Billing | Billing History | 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](mailto: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**



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## PROGRAM ENROLLMENT

**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](http://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 >>**

- 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 hotel information on the next page

### 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 >>**

- Hotels/lodging providers can identify their property via one of three convenient options:
  - CLC number & CLC Check number
  - Hotel 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 hotel 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)

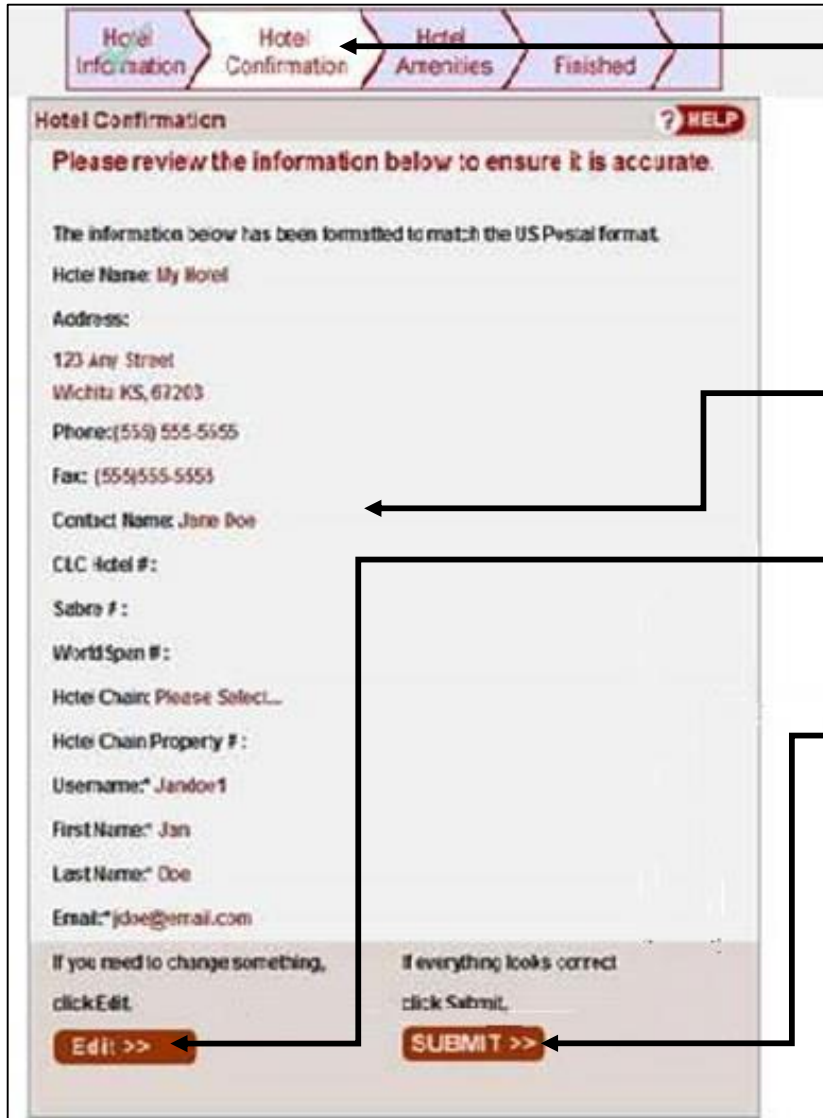
- The **Hotel Account Creation** screen allows prospective ELA program partners to create an ELA account by supplying complete contact information

- 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)



Hotel Information > Hotel Confirmation < Hotel Amenities > Finished >

**Hotel Confirmation** ? HELP

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.

Edit >> SUBMIT >>

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

- Review the information displayed in the **Hotel Confirmation** section

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

- Click **Submit** to confirm the displayed hotel contact information



## PROGRAM ENROLLMENT (CONTINUED)

Hotel Information > Hotel Confirmation > Hotel Amenities > Finished

### Hotel Amenities

2 HELP

Please complete the required information below:

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

- The **Hotel 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.

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

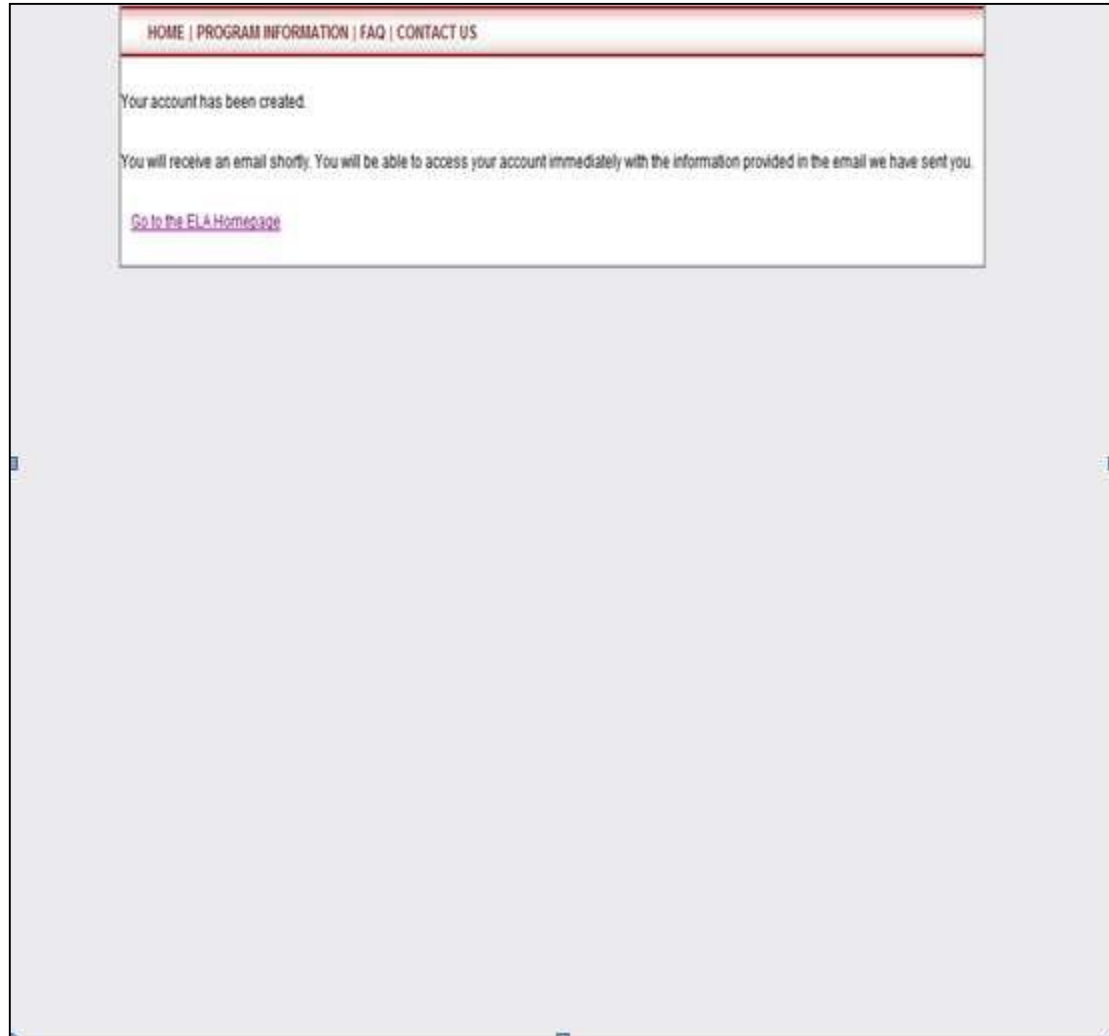
**SUBMIT >>**

- In the optional fields provided in the **Hotel 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

**Login**

UserName

Password

**SUBMIT >>**

**HOTEL ENROLLMENT**  
▼ ▼ ▼ ▼ ▼

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

[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 page with several sections and annotations:

- Header:** CLC LODGING WORKFORCE TRAVEL SAVINGS & SOLUTIONS, FEMA Emergency Lodging Assistance.
- Navigation:** HOME | PROGRAM INFORMATION | USER GUIDE | FAQ | CONTACT US | LOGOUT
- MyELA Links:** MyELA | Submit Billing | Billing History | 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:** Includes fields for Date of Checkin (REQUIRED), Format: MM/DD/YYYY, and Registration ID.
- HOTEL SUPPORT LINE:** 1-866-545-9865 for assistance.
- ELA Program News:** No News Available. View All.
- UPDATE ROOM AVAILABILITY:** You have rooms available. Make Rooms Unavailable.
- Guest Alerts:** No New Alerts Available. View All.
- Annotations:** Arrows point from the text boxes on the right to specific elements on the page: "Change your password here" points to the login area; "Make Rooms Unavailable" points to the "Make Rooms Unavailable" button; "View All" points to the "View All" link in the ELA Program News section; "Edit This Information" points to the "Edit This Information" link in the Hotel Information field.

- 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](http://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 guests already in house)
- Updates regarding FEMA guests' qualification periods, including extensions or terminations of assistance, are reviewed in the **Guest 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 **Hotel Information** field






## PROPERTY INFORMATION UPDATES



WORKFORCE TRAVEL  
SAVINGS & SOLUTIONS



FEMA

Emergency  
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MyELA | Submit Billing | Billing History | Guest Summary

**Hotel Information**

Hotel Name  
Hotel Address  
Hotel City, ST Zip  
555-555-5555  
555-555-5555

[Edit This Information](#)

**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

**Thank you for choosing to participate in the ELA program.**

If you need assistance, please contact us at [femahousing@corplodging.com](mailto:femahousing@corplodging.com) or call our hotel support line: 1-866-545-9865

**\*\*\*IS YOUR 1099 INFORMATION ON FILE?\*\*\***

IRS regulations require that we collect information from you for annual informational reporting to the IRS (1099-K). If you do not provide this information, the IRS may require us to withhold taxes from your payments. Also, you may be subject to a \$100 penalty imposed by the IRS if the correct information is not provided. If you need guidance completing the information, please review the W-9 instructions found on the IRS website [www.irs.gov](http://www.irs.gov).

[Please follow this link to verify or provide this information.](#)

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

**ELA Program News**  
No News Available

You last logged in on: 09/13/2018  
[Change your password here](#)

Look for the help icon throughout the site for information about how to use the tools found here.

**UPDATE ROOM AVAILABILITY**  
You DO NOT have rooms available.  
[Make Rooms Available](#)

**Guest Alerts** [View All](#)

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



## GUEST 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 guest verification, authorized dates of stay and number of rooms allocated when the **Check Guest Qualification** online form is completed

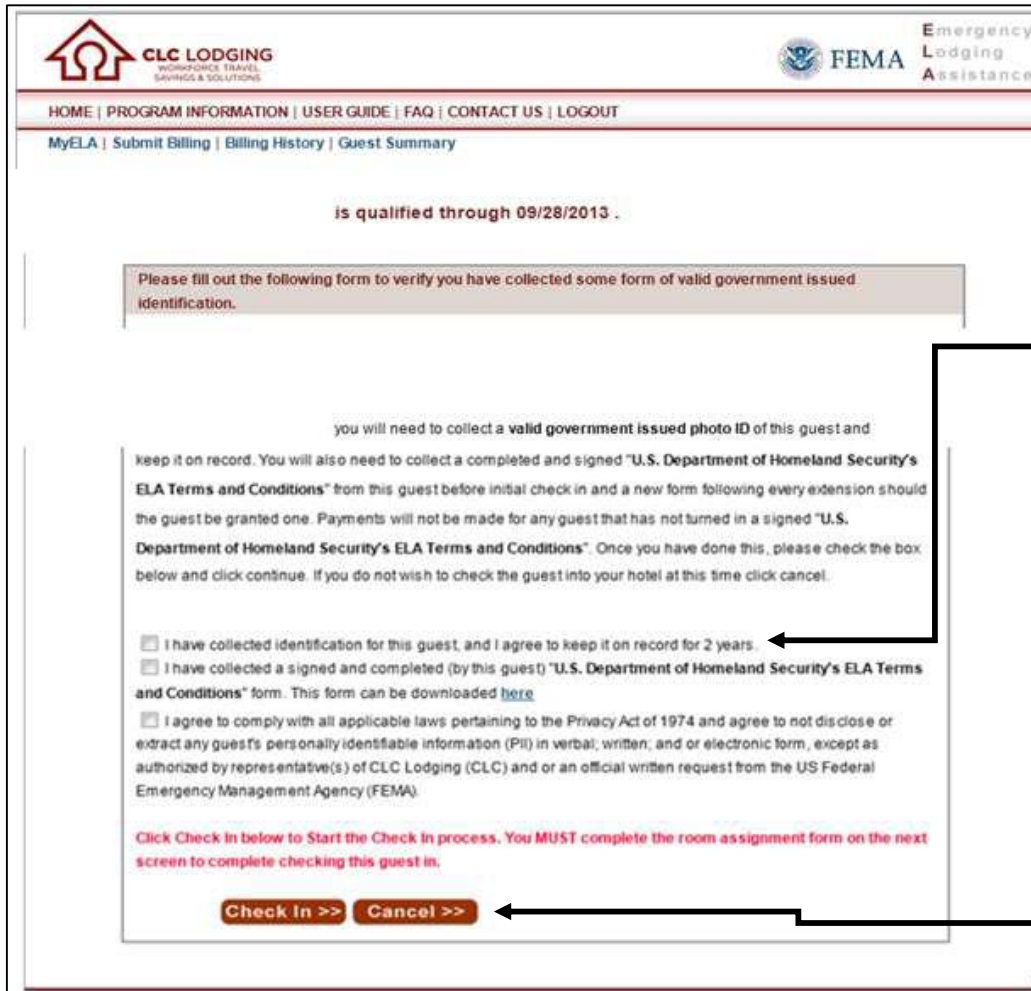
- Enter or select the guest's **Date of Checkin** in the field provided, followed by 3 of the following fields:
- Guest's Registration ID number
- Guest's First Name
- Guest's Last Name
- Guest's Last 4 digits of Social Security number (SSN#)
- Guest's Date of Birth

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

- Click **SUBMIT**



## GUEST QUALIFICATION & CHECK-IN



CLC LODGING  
WORKFORCE TRAVEL  
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MyELA | Submit Billing | Billing History | Guest Summary

is qualified through 09/28/2013 .

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

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





## GUEST QUALIFICATION & CHECK-IN (CONTINUED)

**Guest Room Assignment** HELP

Guest: ELA986 TEST986

[Remove This Guest](#)

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	<a href="#">Check In</a>
2	07/31/2007 - 08/15/2007	

- After guest qualification, complete the check in process via the **Guest Room Assignment** screen

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

**Guest Room Assignment** HELP

Guest: ELA611 TEST611

[Remove This Guest](#)

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	07/30/2007 - 08/15/2007	<a href="#">Check In</a>

Scroll down to submit this information.

Folio Number\*

Room Number\*

Check In Date \*  
07/30/2007

Any Special Needs Requirements (Optional)

☐ Elderly  
☐ Health  
☐ Disabled  
☐ Other  Please Specify

Daily Room Rate (including Occupancy Tax)\*  
\$ 0 (No \$ Signs)

Daily Tax Amount  
\$ 0 (Sales Tax - No \$ Signs)

Total Daily Rate:  
0.00

[SUBMIT >>](#)

- Click **Check In** to assign the guest a room
- Enter the requested room information in the fields provided
- Hotels may enter UP TO the regular RACK room rate and taxes for the assigned room.
- Click **SUBMIT**
- CLC's ELA website immediately alerts hotels of daily room charges that exceed the program's overage threshold as determined by FEMA for the specific disaster



## GUEST QUALIFICATION & CHECK-IN (CONTINUED)

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	09/28/2013 - 09/28/2013	<b>Check In</b>
The room charges (Daily Room Rate + Daily Tax Amount) entered exceed the maximum allowed under this program by \$98.90.		
Please adjust your daily rate(s) on the form below and click Submit.		

- Qualified guests are responsible for paying any amount exceeding the program's overage threshold

(NOTE: hotels/lodging providers are responsible for collecting any overage amount from the guest)

- If this happens, the hotel re-enters the adjusted guest room assignment information when prompted

**Guest Room Assignment** 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	<b>Check In</b>

**Room 55** [Edit This Check In](#)

Status: CHECKED IN

Folio Number: 15a

Billed From: ---

Allowed Daily Room Rate: \$0.00  
\*This is the amount FEMA will pay

Date In: 07/31/2007

Date Out: ---

Billed Through: ---

Allowed Daily Tax Amount: \$0.00

Allowed Total Daily Rate: \$0.00 \*

**Cancel Check In**

**Check Out**

- After completing the guest's check- in, the ELA website allows hotels to:
- Edit the guest's Check In
- Cancel the guest's Check In
- Check Out the guest

(NOTE: refer to the User Guide Guest Summary section for instructions with these options)

- If applicable, click **Check In** to assign an additional room for the guest or **Cancel Check In** as needed



## SUBMIT BILLING

Guests Available for Billing <span>HELP</span>						
Guest Name	Folio #	Room #	Check-in Date	Qualified Through	Billed Thru	Options
ELA611 TEST611	100	1408	07/30/2007	01/31/2008	---	<b>BILL &gt;&gt;</b>

**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:**  
07/31/2007

☐ 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 guest

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

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

- The **Guests Available for Billing** screen displays an overview of all guests checked into the hotel
- Hotels have the flexibility to either partially bill for ELA guest stays or complete final billing at their convenience  
NOTE: Each guest stay can only be billed once per day
- Under **Options**, click the **BILL** button to issue a bill for the guest's stay

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





## GUEST SUMMARY

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**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	07/30/2007 - 01/31/2008					
<a href="#">VIEW ALERTS</a>		1408	100	\$82.50	CHECKED IN (07/30/2007)	<a href="#">DETAILS</a>
ELA690 TEST690	07/31/2007 - 01/31/2008					
		222	12A	\$0.00	CHECKED IN (07/31/2007)	<a href="#">DETAILS</a>
ELA986 TEST986	07/31/2007 - 12/01/2007					
		55	15a	\$51.50	CHECKED IN (07/31/2007)	<a href="#">DETAILS</a>

- **Guest Summary** provides an overview of the guest history for your property

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

- The Guest 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 guest summary file
- If applicable, click **VIEW ALERTS** to access guest specific account updates
- Click **DETAILS** under the **Options** column to access a detailed view of the guest's profile



## GUEST 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 **Guest Details** screen provides an overview of the guest's check-in information

- If applicable, the **Guest Details** screen displays additional rooms available for the guest
- If necessary, click **Check In** to assign an additional room for the guest.

(NOTE: refer to the User Guide Guest 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 guest's check in from your hotel registry

- If necessary, click **Check Out** to access the guest's **Check Out** screen. In most cases, it is best to submit final billing at the same time as checking out guests.

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



## GUEST 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 guest's check-in information
- Enter the revised guest check-in information in the fields provided
- Click **SUBMIT** to complete the revised guest 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 guest
- Enter the check-out date in the field provided
- Click **SUBMIT** to complete the guest check out process.
- Hotels must submit guest 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 guest 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 guest billing file
  - If applicable, click **VOID** under the **Actions** column to cancel the guest billing
  - Please contact CLC via the ELA Program Lodging Support Center (1-866-545-9865) for instructions on how to **ADJUST** billing for guest stays which reflect status of PROCESSED
  - Click **DETAILS** under the **Actions** column for a detailed view of the guest 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 <a href="#">TEST811</a>	<a href="#">100</a>	<a href="#">1408</a>	7/30/2007 - 7/30/2007 (1 Nights)	\$0.00	\$0.00	<a href="#">7/31/2007</a>			VOIDED	<span style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 5px;">DETAILS</span>
ELA811 <a href="#">TEST811</a>	<a href="#">100</a>	<a href="#">1408</a>	7/30/2007 - 7/30/2007 (1 Nights)	\$82.50	\$0.00	<a href="#">7/31/2007</a>			BILL SUBMITTED	<span style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 5px;">DETAILS</span> <span style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 5px;">VOID</span>



## 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	<a href="#">85476</a>	08/02/2007

<< Back

- The **Bill History Detail** screen displays:
  - The guest's qualification end date, room information, and cumulative rates
  - Complete itemized history of all billings submitted for the guest
  - 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**



## HOTEL PAYMENT PROCESSIONG 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.





## HOTEL PAYMENT PROCESSIONG 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](mailto:payment.advisory@comdata.com), [vendorenrollment@comdata.com](mailto:vendorenrollment@comdata.com) or [iconnectdata@comdata.com](mailto: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#: XXXXXX0004614223 Exp: 01/10 Security Code: 563

Inv Date	Invoice Number	Gross Amt	Discount Amt	Net Amt Paid
<i>Comments</i>				
12/10/2009	13048	\$1.00	\$0.00	\$1.00
<i>Comments: Pds Supplies ordered on 11/20/09 by Joe N</i>				
12/10/2009	464729	\$1.00	\$0.00	\$1.00
<i>Comments: Post due 12/15/09</i>				
12/10/2009	879464	\$1.00	\$0.00	\$1.00
<i>Comments: Jim Smith Travel</i>				
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](mailto: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](http://www.comdata.com/vendors).

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