CSUEB Business Process Guide

OnBase® Workflow

Accounts Payable Forms for Preparers

VERSION: 1.1

REVISION DATE: February 16, 2018

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**Revision History**

<table>
<thead>
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<th>Version</th>
<th>Date</th>
<th>Action</th>
<th>Section</th>
<th>Editor</th>
<th>Approved By</th>
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<tr>
<td>1.0</td>
<td>02/07/2018</td>
<td>Initial Document</td>
<td>All</td>
<td>Riza Casal</td>
<td>Maureen Pasag</td>
</tr>
<tr>
<td>1.1</td>
<td>02/16/2018</td>
<td>Revision</td>
<td>Important Things to Remember</td>
<td>Riza Casal</td>
<td>Maureen Pasag</td>
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Important Things to Remember

- Please note that as a **Preparer**, you CANNOT list yourself as an **Approver** as well.

- Workflow is for reimbursements, not compensation. Nothing that would generate a 1099 form can use this process (i.e. stipends or rewards).

- Travel claims and advances must include a line with date for both first and last (return) date of trip.

- The system cannot process a zero (0) dollar amount claim. Please use the paper form for this purpose.

- Must select “Add” button to add rows and see fields.

- OnBase is mainly compatible with Internet Explorer.

- When filling out a form, press the “Tab” button instead of “Enter” to prevent accidental form saving and exiting.

- Do not use the Hospitality form for Aramark, Purchase Order, or P-card related charges.

- Highlighted headlines are collapsible/expandable, if a section appears to be missing, please click on the headline to have it reappear.

- Employee Payment Requests – If you receive an error stating, “One or more fields are invalid” when trying to submit your form, please check all tabs to determine the error/missing information as it should be highlighted in red.

- When filling out a form, it is important to fill the form out from left to right and then top to bottom. The sequence of filling out the form fields plays an essential role within the workflow system process.

- Please do not highlight or write on receipts. If necessary, please write on the blank paper that the receipt(s) are taped on. Also, please submit your receipts in portrait orientation and try not to tape over the text of the receipt in order to avoid hiding the text when scanning.

- When selecting your payment method, please do not select direct deposit unless you have it set up with AP. AP direct deposit is separate from your monthly payroll direct deposit.

- The **Rate** field for mileage can be manually adjusted if necessary.

- When filling out the **Purpose & Remarks** section of the **Travel Advance**, you must include the following information because a Travel Expense Claim will be automatically generated after your Travel Advance is processed by AP and after your last date of travel:
  - Name or Name of Claimant (If Claimant is different than Preparer)
  - Event, Location, and Travel Dates
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1 INTRODUCTION

1.1 PURPOSE

The ICSUAM Policy 3601.01 Policy “articulates the California State University (CSU)’s requirements related to official University business travel to assure that funds allocated towards travel are appropriately used, properly authorized, supported by a documented business purpose, substantiated by applicable receipts, correctly processed for payment, and in compliance with all applicable regulations, including recently enacted Assembly Bill 1887, State Discrimination: Travel, which is effective January 1, 2017” (CSU, 2016).

1.2 RESOURCES REQUIRED

- OnBase®

1.3 FREQUENCY

Effective as of February 16, 2018.

1.4 RESPONSIBLE PERSON(S)

- AP Manager
- AP Accounting Technicians
- Department “Preparer and/or Claimant”
- Department “Approver(s)”

1.5 DEFINITIONS

- AP – Accounts Payable
- Preparer – The individual who is responsible for completing the form.
- Claimant – The individual who is being reimbursed.
2 STEPS

2.1 SELECTING A NEW FORM TO CREATE

- After logging in with your NetID and password, select the drop down arrow to the right of Document Retrieval.

- To create a new form, select New Form from the drop down list and select one of the three (3) forms:
  - AP Employee Payment Request
  - AP Travel Authorization
  - AP Check Request
2.2 SELECTING AN EMPLOYEE PAYMENT REQUEST FORM

- The Employee Payment Request consists of four (4) different Expense Categories:
  - Travel Expense Claim
  - Travel Advance
  - Hospitality Expense Claim
  - Other Reimbursement

- When selecting an Expense Category, select the arrow to the right of the empty box in order to view the drop down list.
2.3 TRAVEL EXPENSE CLAIM

- If you are filling out the Travel Expense Claim as both Claimant and Preparer, please fill out the fields on this screen accordingly.

[Image of Travel Expense Claim form with fields for Claimant's name, address, and other details]
If you are filling out the Travel Expense Claim on behalf of a Claimant, please check the box next to Claimant different than Preparer and proceed with completing the fields.

Please Note:
- If you happen to change your mind on the type of Expense Category form, you must click on the AP Employee Payment Request link (See section 2.1) to refresh the system and prevent the Claimant’s information from being auto filled with Preparer’s information.
- Please make sure to enter the correct Claimant Email Address (CSUEB email address only) to prevent any delays with the form.
- As a Preparer, please enter your email if you are preparing a form for a student or non-CSUEB employee. Please be aware that you will be the one to sign off on behalf of the Claimant and attach a Non-CSUEB Employee Signature form.
To enter Expenses, please select the Add button located at the far right of each section and fill out the fields accordingly.

Please do not forget to add your attachment(s) if alcohol will be present at your event.

Please Note:
- When filling out expenses and advances, please do not forget to add lines for the 1st and last (return) dates of travel.
- Advance purchases (Purchased by University section) should be listed using the 1st date of travel.
- If line(s) do not need to be added to a section, please disregard the asterisk (*) marked field.
- The Rate field for claiming mileage can be manually adjusted if necessary.
- By default, the Hospitality line on the Travel Expense Claim is hidden since most claims will not have hospitality related expenses. If you need to fill out a Hospitality Expense on your Travel Expense Claim, please click on the Hospitality headline to expand the section.
Please Note: The Cost Distribution section is a mandatory field. The Total Amount in this section should match the Total Amount to be Reimbursed to Traveler.
Travel Expense Claim – Receipts Tab

- Please do not forget to attach your receipts for expenses. Receipts that are small in size, should be taped on an 8 ½ x 11 piece of paper, scanned, and attached in this section.

- Click the **Attach AP Receipts…** button and select the appropriate file from your computer.

---

**Employee Payment Request**

**CAL STATE EAST BAY**

**Claim Information** | **Expenses** | **Receipts** | **Approvals & Preferences** | **Notes & Information**

Receipts are required for expenses greater than $75.00. Tape all little receipts on an 8 ½ x 11 piece of paper, scan and attach to this form.

**Attach Receipts**

**AP Receipts**

[Attach AP Receipts...]

**Save**
Select the Add button to add a Department Approver Email (Required) and, if necessary, to add an Additional Approver(s) Email (Optional). Please keep in mind that you cannot be both Preparer and Department Approver.

Enter the appropriate email – *Please make sure to have the correct email entered in order to prevent any delays with your form.

Continue to fill the form out accordingly. If you are not the Claimant, please leave the Claimant Signature field blank. If you are the Claimant, type in your full legal name in the Preparer Signature section and press Tab on your keyboard to autofill your Claimant Signature.

Before you Submit your form, please do not forget to select your Payment Method, enter your Preparer Phone #, and check the Form is COMPLETE and READY FOR PROCESSING box.
2.4 TRAVEL ADVANCE

- Upon selecting a Travel Advance to fill out, you will receive a warning regarding a $50 minimum amount requirement.

- Press OK.
If you are filling out the Travel Advance as **both** Claimant and Preparer, please fill out the fields on this screen accordingly.
If you are filling out the Travel Advance on behalf of a Claimant, please check the box next to Claimant different than Preparer and proceed with completing the fields.

Please Note:
- If you happen to change your mind on the type of Expense Category form, you must click on the AP Employee Payment Request link (See section 2.1) to refresh the system and prevent the Claimant’s information from being auto filled with your Preparer information.
- Please make sure to enter the correct Claimant Email Address (CSUEB email address only) to prevent any delays with the form.
To enter Expenses, please select the Add button located at the far right of each section and fill out the fields accordingly.

When filling out the Purpose & Remarks section of the Travel Advance, you must include the following information because a Travel Expense Claim will be automatically generated after your Travel Advanced is processed by AP and after your last date of travel:
   - Name or Name of Claimant (If Claimant is different than Preparer)
   - Event, Location, and Travel Dates

Please Note:
- Please do not forget to add lines for the 1st and last (return) dates of travel.
- The Cost Distribution section is a mandatory section that auto-populates the chart field for Travel Advances only (Please do not touch the autopopulated Account and Fund fields. Also, You do not have to add a Dept ID here).
- Please enter the Item Amount and make sure that it matches the Total Amount listed below.
Travel Advance – Receipts Tab

Please do not forget to attach your receipts for expenses. Receipts that are small in size, should be taped on an 8½ x 11 piece of paper, scanned, and attached in this section.

Click the **Attach AP Receipts**… button and select the appropriate file from your computer.
Select the **Add** button to add a **Department Approver Email (Required)** and, if necessary, to add an **Additional Approver(s) Email (Optional)**. Please keep in mind that you **cannot** be both Preparer **and** Department Approver.

Enter the appropriate email – *Please make sure to have the correct email entered in order to prevent any delays with your form.*

Continue to fill the form out accordingly. If you are not the Claimant, please leave the **Claimant Signature** field blank. If you are the Claimant, type in your **full legal name** in the **Preparer Signature** section and press **Tab** on your keyboard to autofill your Claimant Signature.

Before you **Submit** your form, please do not forget to select your **Payment Method**, enter your **Preparer Phone #**, and check the **Form is COMPLETE and READY FOR PROCESSING** box.
2.5 HOSPITALITY EXPENSE CLAIM

- If you are filling out the Hospitality Expense Claim as **both** Claimant and Preparer, please fill out the fields on this screen accordingly.

### Hospitality Expense Claim – Claimant *Same* as Preparer

**Employee Payment Request**

**CAL STATE EAST BAY**

#### Claim Information

**Select Payment Type**

- **Expense Category**
  - **HOSPITALITY EXPENSE CLAIM**

- **Claimant different than Preparer**

  **First Name**
  - Riza

  **E-mail**
  - riza.csueastbay.edu

  **Last Name**
  - Casal

  **Phone Number**

  **Department Name**

  **Claimant Address**

  **Claimant City**

  **Claimant State**

  **Claimant Zip**

**Save**
If you are filling out the Hospitality Expense Claim on behalf of a Claimant, please check the box next to **Claimant different than Preparer** and proceed with completing the fields.

**Please Note:**
- If you happen to change your mind on the type of Expense Category form, you must click on the **AP Employee Payment Request link (See section 2.1)** to refresh the system and prevent the Claimant’s information from being auto filled with your Preparer information.
- Please make sure to enter the correct **Claimant Email Address** (CSUEB email address only) to prevent any delays with the form.
To enter expenses, please select the **Add** button located at the far right of each appropriate section and fill out the fields accordingly.

**Please Note:** The **Cost Distribution** section is a mandatory field. The **Total Hospitality Cost** in this section should match the **Total Amount** listed below.
Hospitality Expense Claim – Receipts Tab

- Please do not forget to attach **all** your receipts when it comes to **Hospitality Expense Claims**. Receipts that are small in size, should be taped on an 8 ½ x 11 piece of paper, scanned, and attached in this section.

Click the **Attach AP Receipts**… button and select the appropriate file from your computer.
Hospitality Expense Claim – Approvals & Preferences Tab

- Select the Add button to add a Department Approver Email (Required) and, if necessary, to add an Additional Approver(s) Email (Optional). Please keep in mind that you cannot be both Preparer and Department Approver.
- Enter the appropriate email – *Please make sure to have the correct email entered in order to prevent any delays with your form.
- Continue to fill the form out accordingly. If you are not the Claimant, please leave the Claimant Signature field blank. If you are the Claimant, type in your full legal name in the Preparer Signature section and press Tab on your keyboard to autofill your Claimant Signature.
- Before you Submit your form, please do not forget to select your Payment Method, enter your Preparer Phone #, and check the Form is COMPLETE and READY FOR PROCESSING box.
### 2.6 OTHER REIMBURSEMENT

If you are filling out the Other Reimbursement as **both** Claimant and Preparer, please fill out the fields on this screen accordingly.

#### Other Reimbursement – Claimant Same as Preparer

**Employee Payment Request**

**Claim Information**

**Expense Category**

- **OTHER REIMBURSEMENT**

**Claimant different than Preparer**

<table>
<thead>
<tr>
<th>First Name</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eliza</td>
<td><a href="mailto:eliza.casal@csueastbay.edu">eliza.casal@csueastbay.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casal</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Claimant Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Claimant City</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Claimant State</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Claimant Zip</th>
</tr>
</thead>
</table>
If you are filling out the Other Reimbursement on behalf of a Claimant, please check the box next to Claimant different than Preparer and proceed with completing the fields.

Please Note:
- If you happen to change your mind on the type of Expense Category form, you must click on the AP Employee Payment Request link (See section 2.1) to refresh the system and prevent the Claimant’s information from being auto filled with Preparer’s information.
- Please make sure to enter the correct Claimant Email Address (CSUEB email address only) to prevent any delays with the form.
To enter Expenses, please select the Add button located at the far right of each appropriate section and fill out the fields accordingly.

**Please Note:** The Cost Distribution section is a mandatory field. The Total Amount in this section should match the Total Amount of the reimbursement.
Other Reimbursement – Receipts Tab

- Please do not forget to attach all your receipts for expenses when it comes to Other Reimbursements. Receipts that are small in size, should be taped on an 8 ½ x 11 piece of paper, scanned, and attached in this section.

Click the Attach AP Receipts… button and select the appropriate file from your computer.
Other Reimbursement – Approvals & Preferences Tab

- **Select the Add button to add a Department Approver Email (Required) and, if necessary, to add an Additional Approver(s) Email (Optional). Please keep in mind that you cannot be both Preparer and Department Approver.**
- **Enter the appropriate email – *Please make sure to have the correct email entered in order to prevent any delays with your form.**
- **Continue to fill the form out accordingly. If you are not the Claimant, please leave the Claimant Signature field blank. If you are the Claimant, type in your full legal name in the Preparer Signature section and press Tab on your keyboard to autofill your Claimant Signature.**
- **Before you Submit your form, please do not forget to select your Payment Method, enter your Preparer Phone #, and check the Form is COMPLETE and READY FOR PROCESSING box.**
### 2.7 TRAVEL AUTHORIZATION

#### Travel Authorization – Traveler Category/Travel Type

**REQUEST FOR TRAVEL AUTHORIZATION**

<table>
<thead>
<tr>
<th>Trip Details</th>
<th>Travel Estimator Worksheet</th>
<th>Cost Distribution</th>
<th>Approvals &amp; Signatures</th>
<th>Notes and Requirements</th>
</tr>
</thead>
</table>

**Travel Category**

<table>
<thead>
<tr>
<th>Traveler Category *</th>
</tr>
</thead>
</table>

**Travel Type**

<table>
<thead>
<tr>
<th>Travel Type *</th>
</tr>
</thead>
</table>

- To select a **Travel Category** and **Travel Type**, please press the arrow buttons to the right of the empty box in order to see the list of choices.
To enter **Trip Details**, please select the **Add** button located at the far right of each appropriate section and fill out the fields accordingly.
To enter Expenses in the Travel Estimator Worksheet, please select the Add button located at the far right of the section and fill out the fields accordingly.
Travel Authorization – Domestic Travel – Cost Distribution Tab

REQUEST FOR TRAVEL AUTHORIZATION

To enter Cost Distribution information, please select the Add button located at the far right of the section and fill out the fields accordingly.

Please Note: The Total Amount in this section should match the Total Estimate Amount listed below.

1. Insurance Premiums vary depending on travel categories and during of travel. Please visit the Foreign Travel website for more information. Copy the URL below and paste it into your browser.
2. Actual insurance costs are dependent upon the duration and destination of travel. Please consider this expense in travel planning.
Select the Add button to add a **Department Approver Email (Required)** and, if necessary, to add an **Additional Approver(s) Email (Optional)**. Please keep in mind that you **cannot** be both Preparer and Department Approver.

- Enter the appropriate email – *Please make sure to have the **correct** email entered in order to prevent any delays with your form.*
Upon selecting an **International Travel Authorization** to fill out, you will receive a warning regarding **travel exceptions**.

Please review this warning and check the **Acknowledged** box.

Press **OK**.
To select a **Travel Category** and **Travel Type**, please press the arrow buttons to the right of the empty box in order to see the list of choices.

After making your selections, please select if the area is a **High Risk Area** and the appropriate **Division Vice President** so the form can be routed for approval accordingly.
To enter **Trip Details**, please select the **Add** button located at the far right of each appropriate section and fill out the fields accordingly.
To enter Expenses in the Travel Estimator Worksheet, please select the Add button located at the far right of the section and fill out the fields accordingly.
### Travel Authorization – International Travel – Cost Distribution Tab

#### REQUEST FOR TRAVEL AUTHORIZATION

![CAL STATE EAST BAY Logo]

**Cost Distribution**

<table>
<thead>
<tr>
<th>Account</th>
<th>Fund</th>
<th>DeptID</th>
<th>Program</th>
<th>Class</th>
<th>Project</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Amount:** 

**Travel Estimate Amount:**

**Please note:**

1) Insurance Premiums vary depending on travel categories and duration of travel. Please visit the Foreign Travel website for more information. Copy the URL below and paste it into your browser.


2) Actual insurance costs are dependent upon the duration and destination of travel. Please consider this expense in travel planning.

- **To enter Cost Distribution information, please select the Add button located at the far right of the section and fill out the fields accordingly.**

- **Please Note:** The **Total Amount** in this section should match the **Total Estimate Amount** listed below.
Select the Add button to add a Department Approver Email (Required) and, if necessary, to add an Additional Approver(s) Email (Optional). Please keep in mind that you cannot be both Preparer and Department Approver.

Enter the appropriate email – *Please make sure to have the correct email entered in order to prevent any delays with your form.
2.8 CHECK REQUEST

- Select **Payee Type** from drop down menu.
- Please fill out the fields accordingly.
- Press the **Add** button located at the far right of the following sections: Cost Distribution, Department Approver Email(s) and Additional Approver Email(s).
  - Please keep in mind that you **cannot** be both Preparer and Department Approver.
- Before you **Submit** your form, please do not forget to select your **Check Delivery Type**, attach your **AP invoice** and **AP Vendor Data Record** (or check the **Vendor Data Record is on File box**), enter your **Preparer Phone #**, and check the **Form is COMPLETE and READY FOR PROCESSING** box upon signing as a **Preparer**.
3 SUCCESSFULLY SUBMITTED FORMS

AP Employee Payment Request - TRAVEL EXPENSE CLAIM - 12/6/2017 - Prepared by QD2992 for RIZA CASAL has been successfully submitted.

To whom: apnotifications@csueastbay.edu

You have successfully submitted an AP Employee Payment Request - TRAVEL EXPENSE CLAIM - 12/6/2017 - Prepared by QD2992 for RIZA CASAL on 12/6/2017!

Please retain this message for your records. You may access your form at the following URL:

https://images-test.csueastbay.edu/AppNet/docpop/docpop.aspx?docid=546791&chksum=eb09c22771ab5593fb9d850b397a592296f6e880c1d45bd71e4a3f0b9f538b

- After a form is filled out and submitted, a message from webpage will pop up to ask if you would like to complete another form. If so, press OK. If not, press Cancel and you will be returned to the web client’s homepage.
- An email notification stating that your form was “successfully submitted” will be sent to you. Once this email is received, open it and click on the URL provided so you can view the form in Internet Explorer.

Please Note:
- Be sure to keep notification emails in order to access your forms for future references.
- If you are using your email in a different browser, you can open up the URL by copying and pasting it into Internet Explorer.
In Incomplete AP Employee Payment Request for Review / Completion - AP Employee Payment Request - TRAVEL EXPENSE CLAIM - 11/14/2017 - Prepared by OBWFTIMER for RIZA CASAL

If you happen to have an incomplete form created and saved in OnBase, you will be notified with email reminders of your incomplete form.

When you view the form after clicking on the provided link, you will have the option to Cancel and Delete or Save and submit the form.

Please Note:
- Be sure to keep notification emails in order to access your forms for future references.
- If you are using your email in a different browser, you can open up the URL by copying and pasting it into Internet Explorer.
## TROUBLESHOOTING GUIDE

<table>
<thead>
<tr>
<th>Issue</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Invalid fields&quot; message <em>(One or more fields are invalid)</em> pops up</td>
<td>The solution is currently incapable of taking you directly to the &quot;invalid field&quot;. Please click through each tab on the form in order to find the missing required field(s) highlighted in red.</td>
</tr>
<tr>
<td>when trying to save or submit a form</td>
<td></td>
</tr>
<tr>
<td>Trouble entering a time in the expenses field</td>
<td>Please enter military time. If entering a morning single digit time, enter a 0 before the time (Example: Instead of 8:00, enter 08:00).</td>
</tr>
<tr>
<td>Form disappears when pressing <strong>Enter</strong> on keyboard</td>
<td>Please use the <strong>Tab</strong> button as you fill out the forms because pressing <strong>Enter</strong> will automatically save the form as <strong>Incomplete</strong> and an email notification of your incomplete form will be sent to you.</td>
</tr>
<tr>
<td><strong>Please Note:</strong> Keep notification emails from OnBase so you will</td>
<td></td>
</tr>
<tr>
<td>you will be able to access your forms.</td>
<td></td>
</tr>
<tr>
<td>Form keeps getting saved and exited out of by accident</td>
<td>Please <strong>do not</strong> press <strong>Enter</strong> on your keyboard when entering data as you fill out the form. Instead, press <strong>Tab</strong> to ensure that the form does not accidentally save and exit on your screen. Also, check your email for an automated notice saying that you have an incomplete form sitting in OnBase and use the URL provided to access your form.</td>
</tr>
<tr>
<td><strong>Please Note:</strong> Keep notification emails from OnBase so you will</td>
<td></td>
</tr>
<tr>
<td>you will be able to access your forms.</td>
<td></td>
</tr>
<tr>
<td>Section missing on form</td>
<td>Headlines highlighted in red when you hover your mouse over them are collapsible/expandable, if a section disappears, please click on the headline to have it reappear.</td>
</tr>
<tr>
<td>Adding lines to fill out Expense tab</td>
<td>On the far right of your screen, please press the <strong>Add</strong> button to add fields when filling out the Expense tab on your form.</td>
</tr>
</tbody>
</table>
| OnBase is not working in browser                                      | **Compatible Browsers:**  
  **Windows**  
  Internet Explorer (recommended): 9, 10, 11  
  Firefox ESR 31, 38  
  **Mac**  
  Safari Versions: 5.1.10+, 6.0.5+, 6.2.0+, 7.1.0+, 8.0.0+  
  Firefox ESR 31, 38  
  We apologize for any inconveniences as OnBase15 is incompatible with Google Chrome.                                               |