



Associate Vice President and Comptroller's Office

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# EMPLOYEE MOVING EXPENSE REIMBURSEMENT AUTHORIZATION (EMERA)

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User Guide

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NORTHERN ARIZONA UNIVERSITY  
Comptroller's Office (CMP)  
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Table of Contents

- A. Use of the CMP Employee Moving Expense Reimbursement Authorization (EMERA) Form ..... 2**
- B. Access the EMERA Form ..... 3**
- C. Complete an EMERA Form – Requestor on behalf of a Reimbursee ..... 4**
- D. Complete an EMERA Form – Reimbursee for Yourself ..... 6**
- E. Submit an EMERA Form ..... 8**
- F. EMERA Form – (CMP) Comptroller’s Approval Process Overview ..... 9**
- G. Reimbursee (Employee) Review Process ..... 9**
- H. Department Reviewer Process ..... 10**
- I. Fiscal Operations Manager Process ..... 11**
- J. Authorized Department Signer Process..... 12**
- K. Provost/Vice President Process..... 13**
- L. Comptroller’s Office Process ..... 14**
- M. TRIF Process ..... 15**
- N. Sponsored Projects Process..... 16**
- O. Budget Office Process ..... 16**
- P. Human Resources Payroll Process ..... 18**
- Q. Other Comptroller’s Office Administrative Task Processes ..... 19**
- R. Moving Expense Totals/Verification Sections ..... 19**
- S. Appendix – Form Screen Prints ..... 20**
- T. Appendix – Examples of Email Notifications ..... 25**

## A. Use of the CMP Employee Moving Expense Reimbursement Authorization (EMERA) Form

- 1) Click [420-03 Relocation Expenses](#) to view policy.
- 2) Complete the CMP Employee Moving Expense Reimbursement Authorization Form for a new employee to request authorization for reimbursement of allowable relocation expenses consistent with good business practices and IRS rules.
- 3) Complete the form as a Requestor on behalf of a Reimbursee (Employee) or as a Reimbursee (Employee) for them self-requesting reimbursements authorization to allow a reimbursement to be processed. The form will include the Total Moving Expenses Allowed per Letter of Offer, Move Start and End Dates, Total Moving Expenses paid directly by NAU, reimbursement detail expense types with amounts and attachment of any supporting documentation of itemized original receipts.
- 4) The Requestor completes and submits the form.
- 5) A submission confirmation page appears after the form submission and an email notification sent to the Requestor.
- 6) The authorization form routes through the (CMP) Comptroller's approval process.
- 7) As the form enters the next step in the approval process, an email notification goes to the appropriate approver to review and approve the form.
- 8) Review forms at any step in the process by using the OnBase Retrieval Process.
  - i. Open the **OnBase Unity Client** or **Web Client** from the NAU OnBase Portal.
  - ii. Click the **Retrieval** button on the Menu Bar.
  - iii. Select the **Compliance & Controls** group from the Document Types and Groups drop-down list.
  - iv. Click **the CMP – Employee Moving Expense Reimbursement Authorization (EMERA)** document type.
  - v. Enter the **EMER ID** in EMERA ID keyword. Click the **Find** or **Search** button.
  - vi. The form will display in the **Document Search Results**.
  - vii. Click on the document or **Document Viewer** to view the form.
  - viii. You can view the **Status, Last Action** and **Approvals** section for the form status.
- 9) **Note:** When going through this User Guide, hovering over a Title or bolded words will give a hand icon if there is an associated hyperlink. Click on the Table of Content Title or bolded word to go to an associated hyperlink in the guide. Then you can click the hyperlink you were taken to which will take you back to the original location.

## B. Access the EMERA Form

- 1) Click the [Employee Moving Expense Reimbursement Authorization \(EMERA\) Form](#) link on the Comptroller's page to open the form.
- 2) Type in user's NAU CAS credentials.



The image shows a login form for Northern Arizona University. At the top, the text "NORTHERN ARIZONA UNIVERSITY" is displayed in blue, with the university's logo below it. The logo is a shield-shaped emblem with a stylized tree or leaf design in blue and green. Below the logo, there are two input fields: the first contains the text "sjw2" and the second contains a series of dots representing a password. Below these fields is a blue button labeled "SIGN IN". Underneath the button, there are two links: "Forgot your password?" and "Need Help?".

- 3) The form allows tabbing through it when completing.
- 4) All fields with the \* are required and must be populated as below.

**Requestor Name (Last,First) \***

### C. Complete an EMERA Form – Requestor on behalf of a Reimbursee (Employee)

- 1) The EMERA form opens on the Introduction Page.
  - a. Review the Documentation Required, Moving Expenses – Reimbursement Information and Employee sections.
  - b. Click the **Employee** checkbox to confirm that you read the sections above.
  - c. Click the **Continue** button that takes you to the Employee Moving Expense Reimbursement Authorization page for completing the form.
- 2) The Requestor section will default to the person completing the form as the Requestor.
- 3) Complete the **Reimbursee** section.
  - a. Enter the **Reimbursee Last Name** followed by a “,” and a full First Name or a partial First Name and **TAB** out. If a partial First Name is typed, a **Select Keyset** pops up which allows the option to select the correct person. If the partial name only matches one person, the Reimbursee ID will automatically populate.



**Reimbursee**

Reimbursee Same As Requestor

The Reimbursee Name and ID will auto-populate if entered correctly.

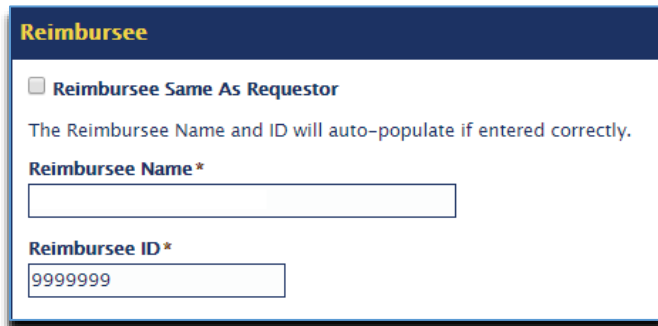
**Reimbursee Name \***

JACKSON,SHARON DENISE

**Reimbursee ID \***

9999999

- b. Enter the **Reimbursee ID** and the Reimbursee Name will automatically populate.



**Reimbursee**

Reimbursee Same As Requestor

The Reimbursee Name and ID will auto-populate if entered correctly.

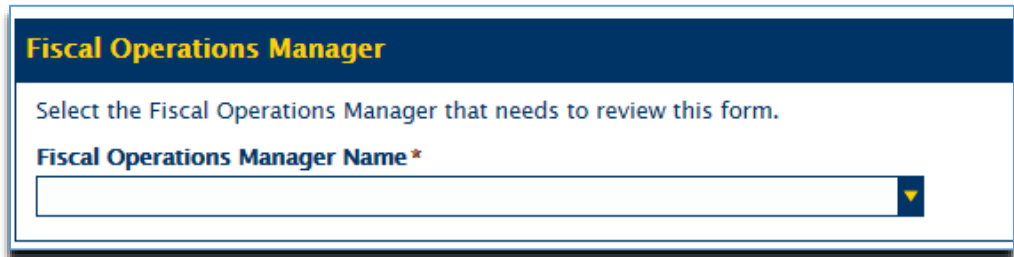
**Reimbursee Name \***

**Reimbursee ID \***

9999999

- c. For an invalid Reimbursee Name and/or ID, an **error message** appears.

- 4) Complete the **Fiscal Operations Manager** section.
  - a. Select a Fiscal Operations Manager from the **Fiscal Operations Manager Name** drop-down list that needs to review the form.

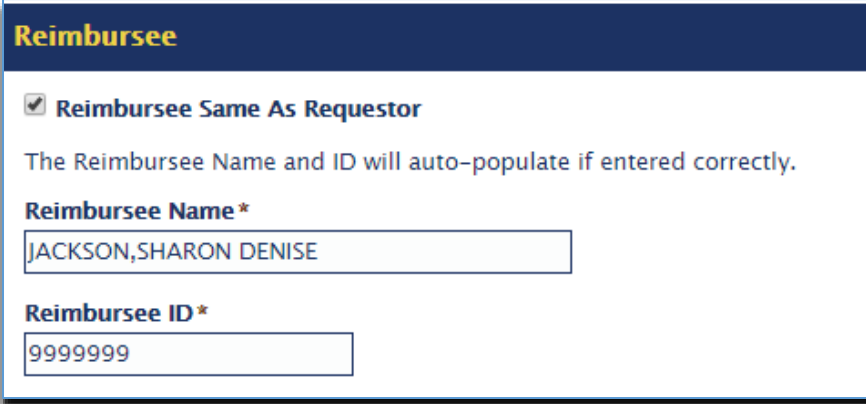


The screenshot shows a form titled "Fiscal Operations Manager" with a dark blue header. Below the header, there is a light blue instruction: "Select the Fiscal Operations Manager that needs to review this form." Underneath, the label "Fiscal Operations Manager Name" is followed by a red asterisk, indicating a required field. Below the label is a white text box with a blue border and a small blue downward-pointing arrow on the right side, representing a drop-down menu.

- b. The form routes to the designated Fiscal Operations Manager after submission.
- 5) Complete the **Reimbursee Letter of Offer Amount and Travel Dates to New Household** section.
  - a. Enter the required **Total Moving Expenses Allowed (Per Letter of Offer)** amount.
  - b. Enter the required **Move Start and End Dates**. These dates can be up to a year after the Hire Date.
- 6) Complete the **NAU Direct Vendor Paid Expense** section, if applicable.
  - a. Enter the **Total Moving Expenses Paid Directly by NAU** amount that are expenses that NAU directly paid the Moving Vendor. Comments are required if an amount is entered.
- 7) Complete the **Reimbursement Details** section, if applicable.
  - a. Click the **Add** button to select the appropriate **Expense Type** from the drop-down list.
  - b. Enter the required details for expense types.
  - c. Enter the **Amount**.
  - d. Click the **Remove** button to remove an expense type.
  - e. The total count and total expenses will update for all expense types.
- 8) Review the **Moving Expense Totals** section to verify form amounts.
- 9) Attach documentation in the **Supporting Documentation** section.
  - a. Click **Attach** to add required itemized original receipts and any supporting documentation to the form. It will open a window to select a file to upload.
  - b. Select the file name and click **Open**. This will place the file to upload on the form. If there is a need to remove the file, click the **Remove** link.
- 10) Click the **Submit** button. This saves the form and moves the form to start the approval process.
- 11) An **EMERA Confirmation Page** will display.
- 12) The Requestor receives an **email notification** that the form was received.
- 13) The Reimbursee receives an **email notification** with a link to the form that needs review.

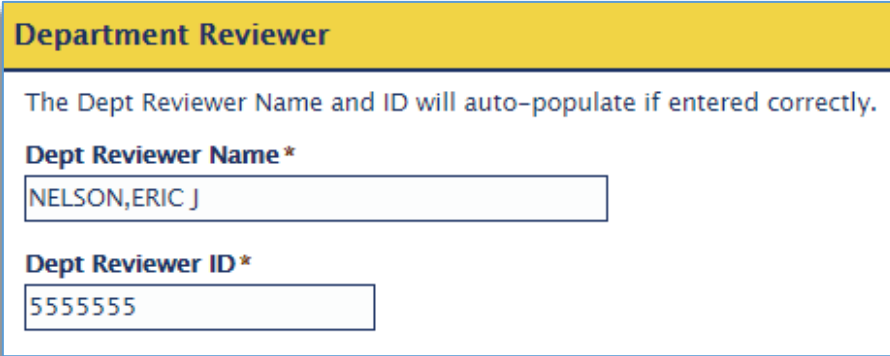
## D. Complete an EMERA Form - Reimbursee (Employee) for Yourself

- 1) The EMERA form opens on the Introduction Page.
  - a. Review the Documentation Required, Moving Expenses – Reimbursement Information and Employee sections.
  - b. Click the **Employee** checkbox to confirm that you read the sections above.
  - c. Click the **Continue** button that will take you to the Employee Moving Expense Reimbursement Authorization page for completing the form.
- 2) The Requestor section will default to the person completing the form as the Requestor.
- 3) Click the **Reimbursee Same as Requestor** checkbox, if the person requesting the reimbursement authorization is the same as the Requestor. This will populate the Reimbursee Name and Reimbursee ID.



The screenshot shows a form section titled "Reimbursee" with a dark blue header. Below the header, there is a checkbox labeled "Reimbursee Same As Requestor" which is checked. Underneath this checkbox, a blue text instruction reads: "The Reimbursee Name and ID will auto-populate if entered correctly." There are two input fields: "Reimbursee Name\*" containing the text "JACKSON,SHARON DENISE" and "Reimbursee ID\*" containing the text "9999999".

- 4) Complete the **Department Reviewer** section.
  - a. Enter the **Department Reviewer Last Name** followed by a “,” and a full First Name or a partial First Name and **TAB** out. If a partial First Name is typed, a **Select Keyset** pops up which will allow the option to select the correct person. If the partial name only matches one person, the Dept Reviewer ID and information will automatically populate.



The screenshot shows a form section titled "Department Reviewer" with a yellow header. Below the header, a blue text instruction reads: "The Dept Reviewer Name and ID will auto-populate if entered correctly." There are two input fields: "Dept Reviewer Name\*" containing the text "NELSON,ERIC J" and "Dept Reviewer ID\*" containing the text "5555555".

- b. Enter the **Dept Reviewer ID**. The Dept Reviewer Name and information will automatically populate.

**Department Reviewer**

The Dept Reviewer Name and ID will auto-populate if entered correctly.

**Dept Reviewer Name \***

**Dept Reviewer ID \***

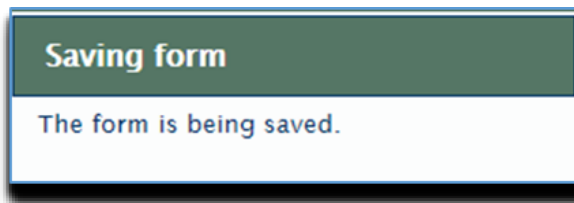
- c. For an invalid Department Reviewer Name and/or ID, an **error message** appears.
- 5) Complete the **Reimburse Letter of Offer Amount and Travel Dates to New Household** section.
    - a. Enter the required **Total Moving Expenses Allowed (Per Letter of Offer)** amount.
    - b. Enter the required **Move Start and End Dates**. These dates can be up to a year after your Hire Date.
  - 6) Complete the **NAU Direct Vendor Paid Expense** section, if applicable.
    - a. Enter the **Total Moving Expenses Paid Directly by NAU** amount. Comments are required, if you entered an amount. These are expenses where NAU directly paid the Moving Vendor.
  - 7) Complete the **Reimbursement Details** section, if applicable.
    - a. Click the **Add** button to select the appropriate **Expense Type** from the drop-down list. (See list below, which is not inclusive of all the options).
    - b. Enter the required details for the expense type.
    - c. Enter the **Amount**.
    - d. Click the **Remove** button to remove an expense type.
    - e. The total count and total expenses will update for all expense types.
  - 8) Review the **Moving Expense Totals** section to verify amounts.
  - 9) Attach documentation in the **Supporting Documentation** section.
    - a. Click **Attach** to add required itemized original receipts and any supporting documentation to the form. It will open a window to select a file to upload.
    - b. Select the file name and click **Open**. This will place the file to upload on the form. If there is a need to remove the file, click the **Remove** link.



- 10) Complete the **Employee Certification** section.
  - a. Click the **Employee Certification** checkbox. This certifies that you understand that moving expenses will be taxed and reported on W-2 Wage and Tax Statements. You understand that resigning from NAU within 24 months of hire date requires reimbursement to NAU for a prorated portion of moving expenses reimbursement. The repayment amount will be reduced by the number of full months worked.
- 11) Click the **Submit** button to submit. This saves the form and moves the form to start the approval process.
- 12) The **EMERA Confirmation Page** will display.
- 13) The Reimbursee (Employee) receives an **email notification** with a link to the form that the form was received.
- 14) The Department Reviewer receives an **email notification** with a link to the form that needs review.
- 15) The **Employee Moving Expense Reimbursement Authorization form** was completed.

**E. Submit an Employee Moving Expense Reimbursement Authorization form**

- 1) Click the **Submit** button. This saves the form and moves the form to start the approval process.



- 2) An **EMERA Confirmation Page** will display.

## **F. EMERA Form – (CMP) Comptroller’s Approval Process Overview**

- 1) Submitted EMERA forms enter the CMP Comptroller’s Approval Process. Any of the nine (9) approvers will review and approve the form.
  - a. Reimbursee (Employee)
  - b. Department Reviewer
  - c. Fiscal Operations Manager
  - d. Authorized Department Signer
  - e. Provost/Vice President
  - f. Comptroller’s Office
  - g. TRIF
  - h. Sponsored Projects
  - i. Budget Office
  - j. Human Resources Payroll
- 2) Each approver will receive an email notification when they need to process a form.
- 3) Review forms at any step in the process to see the status by using the OnBase Retrieval Process using the EMERA ID.
- 4) After all the appropriate approvers have approved a form, the Reimbursee (Employee) will receive a Final Approval **Tax** or **Reimbursement** notification.

## **G. Reimbursee (Employee) Review Process**

- 1) The Reimbursee receives an **email notification** with a link to the form that needs review.
- 2) Click the form link, which signs into OnBase through NAU CAS and opens the form.
- 3) The following form changes can be made:
  - a. Letter of Offer and Travel Dates
  - b. NAU Direct Vendor Paid Expense
  - c. Reimbursement Details – Expense Type Lines
  - d. Supporting Documentation Attachment
  - e. Employee Certification
- 4) Click the required **Employee Certification** checkbox to certify that there is an understanding that moving expenses are taxed and reported on W-2 Wage and Tax Statements. There is an understanding that if resigning from NAU within 24 months of hire date requires reimbursement to NAU for a prorated portion of moving expenses reimbursement. The repayment amount will be reduced by the number of full months worked.
- 5) Click the **Save** button to certify the form.
- 6) A timer will move the form to the next step after being certified.

## H. Department Reviewer Process

- 1) The Department Reviewer receives an **email notification** with a workflow link to forms that need review.
- 2) Click the workflow link, which signs into OnBase through NAU CAS and goes to forms.
- 3) Select the form to review.
- 4) Complete the **Fiscal Operations Manager** section.
  - a. Select a Fiscal Operations Manager from the **Fiscal Operations Manager Name** drop-down list that needs to review the form.
  - b. The form routes to the designated Fiscal Operations Manager after submission.
- 5) Form changes can be made to any of the following:
  - a. Fiscal Operations Manager
  - b. Letter of Offer and Travel Dates
  - c. NAU Direct Vendor Paid Expense
  - d. Reimbursement Details – Expense Type Lines
  - e. Supporting Documentation Attachment
- 6) Review the **Moving Expense Totals and Verification** section to verify form amounts.
- 7) Click the **Save** button to save any changes made to the form.
- 8) Click the **Dept Reviewer-Approve** ad hoc task button to approve the form.
- 9) Enter optional **Comments**.
- 10) This confirmation message displays **“Thank you for reviewing and approving the form. It has moved to the next step in the process.”**
- 11) Click the **OK** button.
- 12) This completes the approval process.

### 13) Department Reviewer Change Request

- a. The Department Reviewer receives an **email notification** with a change request from the Fiscal Operations Manager.
- b. See Steps H2 – H5 making the requested changes.
- c. Click the **Save** button to save any changes made to the form.
- d. Click the **Dept Reviewer-Approve** ad hoc task button to approve the form.
- e. Enter optional **Comments**.
- f. This confirmation message displays **“Thank you for reviewing and approving the form. It has moved to the next step in the process.”**
- g. Click the **OK** button.
- h. This completes the change request and approval process.

## I. Fiscal Operations Manager Process

- 1) The Fiscal Operations Manager receives an **email notification** with a workflow link to forms to review.
- 2) Click the workflow link, which signs into OnBase through NAU CAS and goes to forms.
- 3) Select the form to review.
- 4) Form changes can be made to any of the following:
  - a. Letter of Offer and Travel Dates
  - b. NAU Direct Vendor Paid Expense
  - c. Reimbursement Details – Expense Type Lines
  - d. Supporting Documentation Attachment
- 5) Review the **Moving Expense Totals and Verification** sections to verify amounts.
- 6) Click the **Save** button to save any changes made to the form.
- 7) There are two ad hoc tasks to complete processing the form:
  - a. **Approve** – This applies approval and moves the form to the next approver.
    - i. Enter optional **Comments**.
    - ii. Click the **Ok** button.
    - iii. This confirmation message displays **“Thank you for reviewing and approving the form. It has moved to the next step in the process.”**
    - iv. Click the **OK** button.
    - v. This completes the approval process.
  - b. **Change Request** – This returns the form to the Fiscal Operations Manager to request changes.
    - i. Enter required **Comments** for requested changes.
    - ii. Click the **OK** button.
    - iii. This confirmation message displays **“The Change Request has been sent to the Department Reviewer.”**
    - iv. Click the **OK** button.
    - v. This completes the change request process.
- 8) **Fiscal Operations Manager Change Request from Approvers**
  - a. The Fiscal Operations Manager receives an **email notification** from an approver for a change request.
  - b. See **Steps 12 – 15** for making the requested changes.
  - c. Click the **Save** button to save any changes made to the form.
  - d. Click the **Dept Reviewer-Approve** ad hoc task button to approve the form.
  - e. Enter optional **Comments**.
  - f. This confirmation message displays **“Thank you for reviewing and approving the form. It has moved to the next step in the process.”**
  - g. Click the **OK** button.
  - h. This completes the change request and approval process.

## J. Authorized Department Signer Process

- 1) The Authorized Department Signer receives an **email notification** with a workflow link to forms to review.
- 2) Click the workflow link, which signs into OnBase through NAU CAS and goes to forms.
- 3) Select the form to review.
- 4) The form cannot have changes made.
- 5) Verify the information on the form.
- 6) There are two ad hoc tasks to complete processing the form:
  - a. **Approve** – This applies approval and moves the form to the next approver.
    - i. Enter optional **Comments**.
    - ii. Click the **Ok** button.
    - iii. This confirmation message displays **“Thank you for reviewing and approving the form. It has moved to the next step in the process.”**
    - iv. Click the **OK** button.
    - v. This completes the approval process.
  - b. **Change Request** – This returns the form to the Fiscal Operations Manager to request changes.
    - i. Enter required **Comments** for requested changes.
    - ii. Click the **OK** button.
    - iii. The following confirmation message will display **“The Change Request has been sent to the Department Reviewer”**.
    - iv. Click the **OK** button.
    - v. This completed the change request process.
    - vi. Once the Department Reviewer reviews, processes and approves the change request, the form moves to the next step in the process.

## K. Provost/Vice President Process

- 1) The Provost/Vice President approver receives an **email notification** with a workflow link to forms to review.
- 2) Click the workflow link, which signs into OnBase through NAU CAS and goes to forms.
- 3) Select the form to review.
- 4) Form changes can be made to any of the following:
  - a. Letter of Offer and Travel Dates
  - b. NAU Direct Vendor Paid Expense
  - c. Reimbursement Details – Expense Type Lines
  - d. Expense Reimbursement Funding – Position Number
    - i. The allowed reimbursement must be fully allocated to Position Numbers (i.e. allocation balance must equal zero).
  - e. Supporting Documentation Attachment
- 5) Review the **Moving Expense Totals and Verification** sections to verify amounts.
- 6) There are two ad hoc tasks to complete processing the form:
  - a. **Approve** – This applies approval and moves the form to the next approver.
    - i. Enter optional **Comments**.
    - ii. Click the **Ok** button.
    - iii. This confirmation message displays **“Thank you for reviewing and approving the form. It has moved to the next step in the process.”**
    - iv. Click the **OK** button.
    - v. This completes the approval process.
  - b. **Change Request** – This returns the form to the Fiscal Operations Manager to request changes.
    - i. Enter required **Comments** for requested changes.
    - ii. Click the **OK** button.
    - iii. This confirmation message displays **“The change request has been sent to the Fiscal Operations Manager”**.
    - iv. Click the **OK** button.
    - v. Once the Fiscal Operations Manager reviews, processes and approves the change request, the form moves back to the Provost/Vice President to review and approve.

## L. Comptroller's Office Process

- 1) The Comptroller's Office approver receives an **email notification** with a workflow link to forms to review.
- 2) Click the workflow link, which signs into OnBase through NAU CAS and goes to forms.
- 3) Select the form to review.
- 4) Form changes can be made to any of the following:
  - a. Letter of Offer and Travel Dates
  - b. NAU Direct Vendor Paid Expense
  - c. Reimbursement Details – Expense Type Lines
  - d. Expense Reimbursement Funding – Position Number
    - i. The allowed reimbursement must be fully allocated to Position Numbers (i.e. allocation balance must equal zero).
  - e. Supporting Documentation Attachment
- 5) Review the **Moving Expense Totals and Verification** sections to verify amounts.
- 6) There is one ad hoc tasks to complete processing the form :
  - a. **Approve** – This applies approval and moves the form to the next approver.
    - i. Enter optional **Comments**.
    - ii. Click the **Ok** button.
    - iii. This confirmation message displays **“Thank you for reviewing and approving the form. It has moved to the next step in the process.”**
    - iv. Click the **Ok** button.
    - v. This completes the approval process.

## M. TRIF Process

- 1) The TRIF approver receives an **email notification** with a workflow link to forms to review.
- 2) Click the workflow link, which signs into OnBase through NAU CAS and goes to forms.
- 3) Select the form to review.
- 4) The form cannot have changes made.
- 5) Verify the information on the form.
- 6) There are two ad hoc tasks to complete processing the form:
  - a. **Approve** – This applies approval and moves the form to the next approver.
    - i. Enter optional **Comments**.
    - ii. Click the **Ok** button.
    - iii. This confirmation message displays **“Thank you for reviewing and approving the form. It has moved to the next step in the process.”**
  - b. **Change Request** – This returns the form to the Fiscal Operations Manager to request changes.
    - i. Enter required **Comments** for requested changes.
    - ii. Click the **OK** button.
    - iii. This confirmation message displays **“The change request has been sent to the Fiscal Operations Manager.”**
    - iv. Click the **OK** button.
    - v. Once the Fiscal Operations Manager reviews, processes and approves the change request, the form moved to the next step in the process.



## N. Sponsored Projects Process

- 1) The Sponsored Projects approver receives an **email notification** with a workflow link to forms to review.
- 2) Click the workflow link, which signs into OnBase through NAU CAS and goes to forms.
- 3) Select the form to review.
- 4) The form cannot have changes made.
- 5) Verify the information on the form.
- 6) There are two ad hoc tasks to complete processing the form:
  - a. **Approve** – This applies approval and moves the form to the next approver.
    - i. Enter optional **Comments**.
    - ii. Click the **Ok** button.
    - iii. This confirmation message displays **“Thank you for reviewing and approving the form. It has moved to the next step in the process.”**
  - b. **Change Request** – This returns the form to the Fiscal Operations Manager to request changes.
    - i. Enter required **Comments** for requested changes.
    - ii. Click the **OK** button.
    - iii. This confirmation message displays **“The change request has been sent to the Fiscal Operations Manager.”**
    - iv. Click the **OK** button.
    - v. Once the Fiscal Operations Manager reviews, processes and approves the change request, the form moved to the next step in the process.

## O. Budget Office Process

- 1) The Budget Office approver receives an **email notification** with a workflow link to forms to review.
- 2) Click the workflow link, which signs into OnBase through NAU CAS and goes to forms.
- 3) Select the form to review.
- 4) Form changes can be made to any of the following:
  - a. Expense Reimbursement Funding – Position Number
    - i. The allowed reimbursement must be fully allocated to Position Numbers (i.e. allocation balance must equal zero).
  - b. Supporting Documentation Attachment
- 5) Review the **Moving Expense Totals and Verification** sections to verify amounts.
- 6) There are two ad hoc tasks to complete processing the form:
  - a. **Approve** – This applies approval and moves the form to the next approver.
    - i. Enter optional **Comments**.
    - ii. Click the **Ok** button.
    - iii. This confirmation message displays **“Thank you for reviewing and approving the form. It has moved to the next step in the process.”**
    - iv. This completes the approval process.

- b. **Change Request** – This returns the form to the Fiscal Operations Manager to request changes.
  - i. Enter required **Comments** for requested changes.
  - ii. Click the **OK** button.
  - iii. This confirmation message displays **“The change request has been sent to the Fiscal Operations Manager.”**
  - iv. Click the **OK** button.
  - v. Once the Fiscal Operations Manager approver reviews, processes and approves the change request, the form moved to the next step in the process.
- c. **Send Back to TRIF** – This returns the form to the TRIF approver to review changes made to the form.
  - i. Enter optional **Comments**.
  - ii. Click the **OK** button.
  - iii. This confirmation message displays **“The review changed position number request has been sent back to TRIF.”**
  - iv. Click the **OK** button.
  - v. Once the TRIF approver reviews, processes and approves the change request, the form moved to the next step in the process
- d. **Send Back to Sponsored Projects** – This returns the form to the Sponsored Projects approver to review changes made to the form.
  - i. Enter optional **Comments**.
  - ii. Click the **OK** button.
  - iii. This confirmation message displays **“The review change position number request has been sent back to Sponsored Projects.”**
  - iv. Click the **OK** button.
  - v. Once the Sponsored Project approver reviews, processes and approves the change request, the form moved to the next step in the process.

## **P. Human Resources Payroll Process**

- 1) The Human Resource Payroll approver receives an **email notification** with a workflow link to forms to review.
- 2) Select the form to review.
- 3) The form cannot have changes made.
- 4) Verify the information on the form.
- 5) There is one ad hoc task to complete processing the form:
  - a. **Approve** – This applies approval and completes the approval process by removing the form from the CMP Workflow Approval Process.
    - i. Enter optional **Comments**.
    - ii. Click the **Ok** button.
    - iii. This confirmation message displays **“Thank you for reviewing and approving the form. The Employee Moving Expense Reimbursement Authorization process has been completed.”**
- 6) The Reimbursee (Employee) receives one of the following email notifications:
  - a. **TAX** – This **email notification** notifies the employee that the Moving Expense Reimbursement Authorization form finalized and the taxable amount will be added to their normal paycheck within 1-2 cycles.
  - b. **Reimbursement** – This **email notification** notifies the employee that the Moving Expense Reimbursement Authorization form finalized and the reimbursement will appear on their normal paycheck within 1-2 cycles.

## **Q. Other Comptroller's Office Administrative Task Processes**

- 1) In all queues, click the **Remove from Workflow** button to cancel a form. The appropriate Approval's comments update with who and when the form cancels. It removes the form from the approval workflow.
- 2) In the Fiscal Operations Manager queue, click the **Reassign to New Fiscal Operations Manager** button to reassign the form to a new Fiscal Operations Manager. The new Fiscal Operations Manager receives an **email notification** for the form that needs review and approval.
- 3) In the Provost/Vice President queue, click the **VP – Reassign** button to reassign the form to a new Provost/Vice President. The new Provost/Vice President receives an **email notification** that the form needs review and approval.

## **R. Moving Expense Totals and Verification Sections**

- 1) The **Moving Expense Totals** section calculates all the amounts needed for authorization.
- 2) The **Verification** section calculates the remaining allowance balance taken into account for previous final and current forms. It becomes visible for Administrative groups in their respective workflow queues starting with the Fiscal Operations Manager queue.

S. Appendix – Form Screen Prints

(1) Invalid Messages (See [C.3c](#), [D.4c](#))

Invalid Requestor Name. Do not place a space after the comma or use a period in the name.

Invalid Requestor ID.

Invalid Requestor Name and ID

Invalid Dept Reviewer Name or ID. Do not place a space after the comma or use a period in the name.

(2) Fiscal Operations Manger (See [H.3](#))

**Fiscal Operations Manager**

Select the Fiscal Operations Manager that needs to review this form.

**Fiscal Operations Manager Name \***

(3) Letter of Offer Amount and Travel Dates to New Household (See [C.5](#), [D.5](#))

**Total Moving Expenses Allowed (Per Letter of Offer) \***

**Move Start Date \***      **End Date \***

(4) NAU Direct Vendor Paid Expense (See [C.6](#), [D.6](#))

### NAU Direct Vendor Paid Expense

[Show Help](#)

Total Moving Expenses Paid Directly by NAU

Comment\*

(5) Reimbursement Details (See [C.7](#), [D.7](#))

### Reimbursement Details

Click Add to add Expenses [Add](#)

|                               |                                  |                        |
|-------------------------------|----------------------------------|------------------------|
| Expense Type                  | Amount                           | <a href="#">Remove</a> |
| <input type="text" value=""/> | \$ <input type="text" value=""/> |                        |

Count  Total Expenses

- Expense Type
- Airfare/Baggage
  - Car Shipping Fees
  - Lodging
  - Meals
  - Moving Company
  - Moving/Packing Material
  - Other

(6) Moving Expense Totals (See [C8](#), [D.8](#), [H.5](#), [I.4](#), [K.5](#), [L.5](#), [O5](#), [R.1](#), [R.2](#))

**Moving Expense Totals**

|   |            |
|---|------------|
| 1. Total Moving Expenses Allowed Per Letter of Offer                              | \$ 1000.00 |
| 2. Total Moving Expenses Paid Directly By NAU                                     | \$ 0.00    |
| 3. Moving Expenses Allowance Balance  | \$ 1000.00 |
| 4. Total Reimbursement Requested<br>(Non-State - Meals: \$0.00; Moving: \$200.00) | \$ 200.00  |
| 5. Total Moving Expenses (#2 + #4)  | \$ 200.00  |
| 6. Reimbursement Allowance Amount for Approval (Lesser of #3 or #4)               | \$ 200.00  |

**Verification**

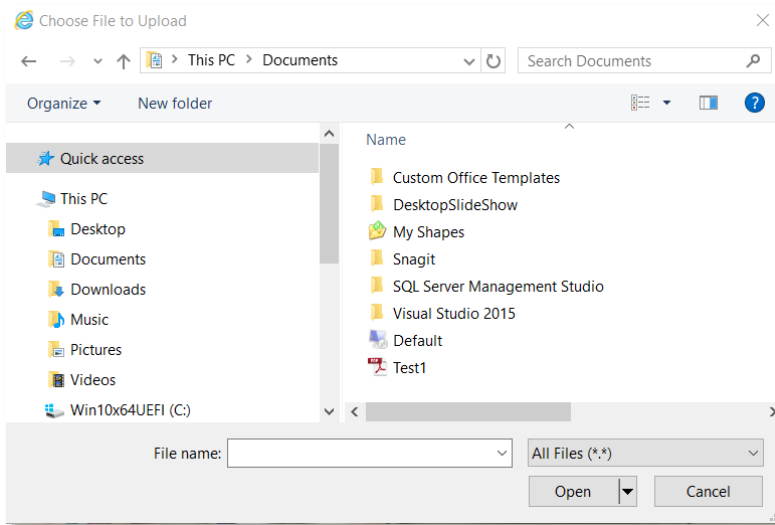
|   |            |
|---|------------|
| 7. Previous Allowance Used Amount             | \$ 575.00  |
| 8. Remaining Allowance Balance (#3 - #6 - #7) | \$ 7925.00 |

**(7) Supporting Documentation and itemized original receipts Section (See [C.9](#), [D.9](#))**

**Supporting Documentation and itemized original receipts must be attached below.**

\*

**Attach**



\*

Test1.pdf [Remove](#)

**Attach**

**(8) Employee Certification (See [D.10](#), [G.4](#))**

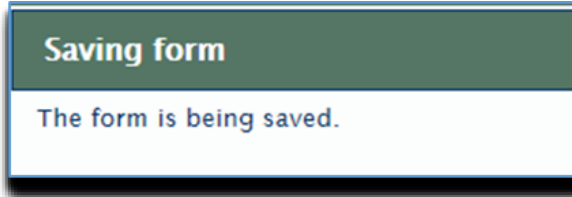
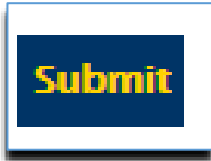
**Employee Certification**

\* **I understand that I will be taxed on my moving expenses and that moving expenses will be reported on my W-2 Wage and Tax Statement. I understand that if I resign from NAU within 24 months of my hire date, I will be required to reimburse NAU for a prorated portion of my moving expenses reimbursement. Repayment amount will be reduced by the number of full months worked.**

| <b>Certified By</b> | <b>Date</b>            |
|---------------------|------------------------|
| Sharon D Jackson    | 03/28/2019 10:15:32 AM |



(8) Submit Form (See [C.10](#), [D.11](#), [E.1](#), [G.5](#), [H.6](#), [I.5](#))



(9) EMERA Confirmation Page (See [C.11](#), [D.12](#), [E.2](#))



## T. Appendix – Examples of Email Notification

### Example Screen Print (Section Number)

#### (01) Requestor Notification (See [C.12](#))

**From:** NoReply@nau.edu <NoReply@nau.edu>  
**Sent:** Tuesday, March 26, 2019 9:46 AM  
**To:** Sharon D Jackson <Sharon.Jackson@nau.edu>  
**Subject:** Received Employee Moving Expense Reimbursement Authorization - JACKSON,SHARON DENISE - EMERA ID: 4 - 3/15/2019

COMPTROLLER'S  
OFFICE

**NAU** NORTHERN ARIZONA  
UNIVERSITY  
Associate Vice President and Comptroller's Office

\*\*\*This is an automated message from the NAU OnBase System. Please do not reply.\*\*\*

This Employee Moving Expense Reimbursement Authorization form has been received.

|   |  |
|---|--|
| <b>EMERA ID:</b>                                    | 4  |
| <b>Requestor:</b>                                   | NELSON,ERIC J, ASSISTANT COMPTROLLER         |
| <b>Reimbursee:</b>                                  | JACKSON,SHARON DENISE, ASSISTANT COMPTROLLER |
| <b>Moving Expenses Allowed Per Letter of Offer:</b> | \$2,000.00                                   |
| <b>NAU Paid Amount:</b>                             |  |
| <b>Reimbursement Amount:</b>                        | \$350.00                                     |

Click this <https://onbase.nau.edu/Appnet/docpop/formpop.aspx?docid=4542546> to view the form.

If you have any questions, please contact the Comptroller's Office at [Financial Controls](#).

Sincerely,

**NAU Comptroller's Office - Financial Controls Analysis and Reporting**

**(02) Reimbursee (Employee) Notification (See [C.13](#), [D.13](#), G.2)**

**From:** [NoReply@nau.edu](mailto:NoReply@nau.edu) <[NoReply@nau.edu](mailto:NoReply@nau.edu)>

**Sent:** Friday, March 15, 2019 1:15 PM

**To:** Eric John Nelson <[Eric.Nelson@nau.edu](mailto:Eric.Nelson@nau.edu)>; Sharon D Jackson <[Sharon.Jackson@nau.edu](mailto:Sharon.Jackson@nau.edu)>

**Subject:** Received Employee Moving Expense Reimbursement Authorization - JACKSON,SHARON DENISE - EMERA ID: 4 - 3/15/2019

COMPTROLLER'S  
OFFICE

**NAU** NORTHERN ARIZONA  
UNIVERSITY

Associate Vice President and Comptroller's Office

**\*\*\*This is an automated message from the NAU OnBase System. Please do not reply.\*\*\***

Your Employee Moving Expense Reimbursement Authorization form has been received.

|  |  |
|--|--|
| EMERA ID:                                    | 4  |
| Requestor:                                   | NELSON,ERIC J, ASSISTANT COMPTROLLER         |
| Reimbursee:                                  | JACKSON,SHARON DENISE, ASSISTANT COMPTROLLER |
| Moving Expenses Allowed Per Letter of Offer: | \$2,000.00                                   |
| NAU Paid Amount:                             |  |
| Reimbursement Amount:                        | \$350.00                                     |

Click this <https://onbase.nau.edu/Appnet/docpop/formpop.aspx?docid=4542546> to view the form.

If you have any questions, please contact the Comptroller's Office at [Financial Controls](#).

Sincerely,

**NAU Comptroller's Office - Financial Controls Analysis and Reporting**

**(03) Reimbursee (Employee) Required Review Notification (See [G.1](#))**

**From:** NoReply@nau.edu <NoReply@nau.edu>  
**Sent:** Friday, March 15, 2019 1:15 PM  
**To:** Eric John Nelson <Eric.Nelson@nau.edu>; Sharon D Jackson <Sharon.Jackson@nau.edu>  
**Subject:** Requires Review - Employee Moving Expense Reimbursement Authorization - JACKSON,SHARON DENISE - EMERA ID: 4 - 3/15/2019



**\*\*\*This is an automated message from the NAU OnBase System. Please do not reply.\*\*\***

This Moving Expense Reimbursement Authorization Form requires your review.

|  |  |
|--|--|
| <b>EMERA ID:</b>                             | 4  |
| Requestor:                                   | NELSON,ERIC J, ASSISTANT COMPTROLLER         |
| Reimbursee:                                  | JACKSON,SHARON DENISE, ASSISTANT COMPTROLLER |
| Moving Expenses Allowed Per Letter of Offer: | \$2,000.00                                   |
| NAU Paid Amount:                             |  |
| Reimbursement Amount:                        | \$350.00                                     |

Click <https://onbase.nau.edu/Appnet/docpop/formpop.aspx?docid=4542546> to view and process your form.

If you have any questions, please contact the Comptroller's Office at [Financial Controls](#).

Sincerely,

**NAU Comptroller's Office - Financial Controls Analysis and Reporting**

**(04) Department Reviewer Notification (See [D.14](#), [H.1](#))**

**From:** NoReply@nau.edu <NoReply@nau.edu>

**Sent:** Friday, March 15, 2019 1:54 PM

**To:** Eric John Nelson <Eric.Nelson@nau.edu>; Sharon D Jackson <Sharon.Jackson@nau.edu>

**Subject:** Requires Review - Employee Moving Expense Reimbursement Authorization - JACKSON,SHARON DENISE - EMERA ID: 4 - 3/15/2019

**COMPTROLLER'S  
OFFICE**



**\*\*\*This is an automated message from the NAU OnBase System. Please do not reply.\*\*\***

As the Department Reviewer, this Moving Expense Reimbursement Authorization Form requires your review.

|  |  |
|--|--|
| <b>EMERA ID:</b>                             | 4  |
| Requestor:                                   | NELSON,ERIC J, ASSISTANT COMPTROLLER         |
| Reimbursee:                                  | JACKSON,SHARON DENISE, ASSISTANT COMPTROLLER |
| Moving Expenses Allowed Per Letter of Offer: | \$2,000.00                                   |
| NAU Paid Amount:                             |  |
| Reimbursement Amount:                        | \$350.00                                     |

Click this [Employee Moving Expense Reimbursement Authorization Workflow link](#) to view all forms pending your review.

If you have any questions, please contact the Comptroller's Office at [Financial Controls](#).

Sincerely,

**NAU Comptroller's Office - Financial Controls Analysis and Reporting**

**(04c) Department Reviewer Change Request Notification (See [H12c](#))**

**From:** NoReply@nau.edu <NoReply@nau.edu>  
**Sent:** Friday, March 15, 2019 1:54 PM  
**To:** Eric John Nelson <Eric.Nelson@nau.edu>; Sharon D Jackson <Sharon.Jackson@nau.edu>  
**Subject:** Change Request - Employee Moving Expense Reimbursement Authorization - JACKSON,SHARON DENISE - EMERA ID: 4 - 3/15/2019



**\*\*\*This is an automated message from the NAU OnBase System. Please do not reply.\*\*\***

As the Department Reviewer, this Moving Expense Reimbursement Authorization Form requires your review.

|  |   |
|--|---|
| <b>EMERA ID:</b>                             | 4   |
| Requestor:                                   | NELSON,ERIC J, ASSISTANT COMPTRROLLER                       |
| Reimbursee:                                  | JACKSON,SHARON DENISE, ASSISTANT COMPTRROLLER               |
| Moving Expenses Allowed Per Letter of Offer: | \$2,000.00  |
| NAU Paid Amount:                             |   |
| Reimbursement Amount:                        | \$350.00  |
| <b>Change Request:</b>                       | 3/15/2019 1:53:32 PM-Fiscal Operations Manager: fom cr test |

Click this [Employee Moving Expense Reimbursement Authorization Workflow link](#) to view all forms pending your review.

If you have any questions, please contact the Comptroller's Office at [Financial Controls](#).

Sincerely,

**NAU Comptroller's Office - Financial Controls Analysis and Reporting**

(05) Fiscal Operations Manager Notification (See [11](#), [Q2](#))

**From:** NoReply@nau.edu <NoReply@nau.edu>  
**Sent:** Friday, March 15, 2019 2:09 PM  
**To:** Eric John Nelson <Eric.Nelson@nau.edu>; Sharon D Jackson <Sharon.Jackson@nau.edu>  
**Subject:** Change Request - Employee Moving Expense Reimbursement Authorization - JACKSON,SHARON DENISE - EMERA ID: 4 - 3/15/2019

COMPTROLLER'S  
OFFICE



\*\*\*This is an automated message from the NAU OnBase System. Please do not reply.\*\*\*

As the Fiscal Operations Manager, this Moving Expense Reimbursement Authorization Form requires your review.

|  |  |
|--|--|
| <b>EMERA ID:</b>                             | 4  |
| Requestor:                                   | NELSON,ERIC J, ASSISTANT COMPTROLLER   |
| Reimbursee:                                  | JACKSON,SHARON DENISE, ASSISTANT COMPTROLLER   |
| Position #:                                  |  |
| Moving Expenses Allowed Per Letter of Offer: | \$2,000.00   |
| NAU Paid Amount:                             |  |
| Reimbursement Amount:                        | \$300.00   |
| <b>Change Request:</b>                       | 3/15/2019 2:08:30 PM-Authorized Department Signer: please change the other amt from 250 to 150 |

Click this [Employee Moving Expense Reimbursement Authorization Workflow link](#) to view all forms pending your review.

If you have any questions, please contact the Comptroller's Office at [Financial Controls](#).

Sincerely,

**NAU Comptroller's Office - Financial Controls Analysis and Reporting**

**(05c) Fiscal Operations Manager Changes Made Notification (See [I.7a](#))**

**From:** NoReply@nau.edu <NoReply@nau.edu>

**Sent:** Friday, March 15, 2019 2:00 PM

**To:** Eric John Nelson <Eric.Nelson@nau.edu>; Sharon D Jackson <Sharon.Jackson@nau.edu>

**Subject:** Requires Review - Employee Moving Expense Reimbursement Authorization - JACKSON,SHARON DENISE - EMERA ID: 4 - 3/15/2019

**COMPTROLLER'S  
OFFICE**

**NAU** NORTHERN ARIZONA  
UNIVERSITY

Associate Vice President and Comptroller's Office

**\*\*\*This is an automated message from the NAU OnBase System. Please do not reply.\*\*\***

As the Fiscal Operations Manager, this Moving Expense Reimbursement Authorization Form requires your review.  
The requested changes from the Department Reviewer have been made.

|  |  |
|--|--|
| <b>EMERA ID:</b>                             | 4  |
| Requestor:                                   | NELSON,ERIC J, ASSISTANT COMPTROLLER         |
| Reimbursee:                                  | JACKSON,SHARON DENISE, ASSISTANT COMPTROLLER |
| Position #:                                  |  |
| Moving Expenses Allowed Per Letter of Offer: | \$2,000.00                                   |
| NAU Paid Amount:                             |  |
| Reimbursement Amount:                        | \$300.00                                     |

Click this [Employee Moving Expense Reimbursement Authorization Workflow link](#) to view all forms pending your review.

If you have any questions, please contact the Comptroller's Office at [Financial Controls](#).

Sincerely,

**NAU Comptroller's Office - Financial Controls Analysis and Reporting**



**(06) Authorized Department Signer Notification (See [J1](#))**

**From:** NoReply@nau.edu <NoReply@nau.edu>  
**Sent:** Friday, March 15, 2019 2:05 PM  
**To:** Eric John Nelson <Eric.Nelson@nau.edu>; Sharon D Jackson <Sharon.Jackson@nau.edu>  
**Subject:** Requires Review - Employee Moving Expense Reimbursement Authorization - JACKSON,SHARON DENISE - EMERA ID: 4 - 3/15/2019



**\*\*\*This is an automated message from the NAU OnBase System. Please do not reply.\*\*\***

As the Authorized Department Signer, this Moving Expense Reimbursement Authorization Form requires your review.

|  |  |
|--|--|
| <b>EMERA ID:</b>                             | 4  |
| Requestor:                                   | NELSON,ERIC J, ASSISTANT COMPTROLLER         |
| Reimbursee:                                  | JACKSON,SHARON DENISE, ASSISTANT COMPTROLLER |
| Position #:                                  |  |
| Moving Expenses Allowed Per Letter of Offer: | \$2,000.00                                   |
| NAU Paid Amount:                             |  |
| Reimbursement Amount:                        | \$300.00                                     |

Click this [Employee Moving Expense Reimbursement Authorization Workflow link](#) to view all forms pending your review.

If you have any questions, please contact the Comptroller's Office at [Financial Controls](#).

Sincerely,

**NAU Comptroller's Office - Financial Controls Analysis and Reporting**

**(07) Provost/Vice President Notification (See [K1](#), [Q3](#))**

**From:** NoReply@nau.edu <NoReply@nau.edu>

**Sent:** Friday, March 15, 2019 2:16 PM

**To:** Eric John Nelson <Eric.Nelson@nau.edu>; Sharon D Jackson <Sharon.Jackson@nau.edu>

**Subject:** Requires Review - Employee Moving Expense Reimbursement Authorization - JACKSON,SHARON DENISE - EMERA ID: 4 - 3/15/2019

**COMPTROLLER'S  
OFFICE**



**\*\*\*This is an automated message from the NAU OnBase System. Please do not reply.\*\*\***

As the Provost/Vice President, this Moving Expense Reimbursement Authorization Form requires your review.

|  |  |
|--|--|
| <b>EMERA ID:</b>                             | 4  |
| Requestor:                                   | NELSON,ERIC J, ASSISTANT COMPTROLLER         |
| Reimbursee:                                  | JACKSON,SHARON DENISE, ASSISTANT COMPTROLLER |
| Position #:                                  | 00026106 - 00027395                          |
| Moving Expenses Allowed Per Letter of Offer: | \$2,000.00                                   |
| NAU Paid Amount:                             |  |
| Reimbursement Amount:                        | \$200.00                                     |

Click this [Employee Moving Expense Reimbursement Authorization Workflow link](#) to view all forms pending your review.

If you have any questions, please contact the Comptroller's Office at [Financial Controls](#).

Sincerely,

**NAU Comptroller's Office - Financial Controls Analysis and Reporting**

**(08) Comptroller's Office Notification (See [L.1](#))**

**From:** NoReply@nau.edu <NoReply@nau.edu>

**Sent:** Friday, March 15, 2019 3:30 PM

**To:** Eric John Nelson <Eric.Nelson@nau.edu>; Sharon D Jackson <Sharon.Jackson@nau.edu>

**Subject:** Requires Review - Employee Moving Expense Reimbursement Authorization - JACKSON,SHARON DENISE - EMERA ID: 4 - 3/15/2019

**COMPTROLLER'S  
OFFICE**

**NAU** NORTHERN ARIZONA  
UNIVERSITY  
Associate Vice President and Comptroller's Office

**\*\*\*This is an automated message from the NAU OnBase System. Please do not reply.\*\*\***

As the Comptroller's Office Approver, this Moving Expense Reimbursement Authorization Form requires your review.

|  |  |
|--|--|
| <b>EMERA ID:</b>                             | 4  |
| Requestor:                                   | NELSON,ERIC J, ASSISTANT COMPTROLLER         |
| Reimbursee:                                  | JACKSON,SHARON DENISE, ASSISTANT COMPTROLLER |
| Position #:                                  | 00026106 - 00027395 - 00032006               |
| Moving Expenses Allowed Per Letter of Offer: | \$1,000.00                                   |
| NAU Paid Amount:                             |  |
| Reimbursement Amount:                        | \$200.00                                     |

Click this [Employee Moving Expense Reimbursement Authorization Workflow link](#) to view all forms pending your review.

If you have any questions, please contact the Comptroller's Office at [Financial Controls](#).

Sincerely,

**NAU Comptroller's Office - Financial Controls Analysis and Reporting**

## (09) Sponsored Projects Notification (See [N.1](#))

**From:** NoReply@nau.edu <NoReply@nau.edu>

**Sent:** Friday, March 15, 2019 3:44 PM

**To:** Eric John Nelson <Eric.Nelson@nau.edu>; Sharon D Jackson <Sharon.Jackson@nau.edu>

**Subject:** Requires Review - Employee Moving Expense Reimbursement Authorization - JACKSON,SHARON DENISE - EMERA ID: 4 - 3/15/2019

COMPTROLLER'S  
OFFICE

**NAU** NORTHERN ARIZONA  
UNIVERSITY  
Associate Vice President and Comptroller's Office

\*\*\*This is an automated message from the NAU OnBase System. Please do not reply.\*\*\*

As the designated Sponsored Projects Approver, this Moving Expense Reimbursement Authorization Form requires your review.

|  |  |
|--|--|
| <b>EMERA ID:</b>                             | 4  |
| Requestor:                                   | NELSON,ERIC J, ASSISTANT COMPTROLLER         |
| Reimbursee:                                  | JACKSON,SHARON DENISE, ASSISTANT COMPTROLLER |
| Position #:                                  | 00026106 - 00027395 - 00032006               |
| Moving Expenses Allowed Per Letter of Offer: | \$1,000.00                                   |
| NAU Paid Amount:                             |  |
| Reimbursement Amount:                        | \$200.00                                     |

Click this [Employee Moving Expense Reimbursement Authorization Workflow link](#) to view all forms pending your review.

If you have any questions, please contact the Comptroller's Office at [Financial Controls](#).

Sincerely,

**NAU Comptroller's Office - Financial Controls Analysis and Reporting**

**(10) TRIF Notification (See [M.1](#))**

**From:** NoReply@nau.edu <NoReply@nau.edu>

**Sent:** Friday, March 15, 2019 3:54 PM

**To:** Eric John Nelson <Eric.Nelson@nau.edu>; Sharon D Jackson <Sharon.Jackson@nau.edu>

**Subject:** Requires Review - Employee Moving Expense Reimbursement Authorization - JACKSON,SHARON DENISE - EMERA ID: 4 - 3/15/2019

**COMPTROLLER'S  
OFFICE**



**\*\*\*This is an automated message from the NAU OnBase System. Please do not reply.\*\*\***

As the designated TRIF Approver, this Moving Expense Reimbursement Authorization Form requires your review.

|   |  |
|---|--|
| <b>EMERA ID:</b>                                    | 4  |
| <b>Requestor:</b>                                   | NELSON,ERIC J, ASSISTANT COMPTROLLER         |
| <b>Reimbursee:</b>                                  | JACKSON,SHARON DENISE, ASSISTANT COMPTROLLER |
| <b>Position #:</b>                                  | 00026106 - 00027395 - 00001267               |
| <b>Moving Expenses Allowed Per Letter of Offer:</b> | \$1,000.00                                   |
| <b>NAU Paid Amount:</b>                             |  |
| <b>Reimbursement Amount:</b>                        | \$200.00                                     |

Click this [Employee Moving Expense Reimbursement Authorization Workflow link](#) to view all forms pending your review.

If you have any questions, please contact the Comptroller's Office at [Financial Controls](#).

Sincerely,

**NAU Comptroller's Office - Financial Controls Analysis and Reporting**

**(11) Budget Office Notification (See [O.1](#))**

**From:** NoReply@nau.edu <NoReply@nau.edu>

**Sent:** Friday, March 15, 2019 3:57 PM

**To:** Eric John Nelson <Eric.Nelson@nau.edu>; Sharon D Jackson <Sharon.Jackson@nau.edu>

**Subject:** Requires Review - Employee Moving Expense Reimbursement Authorization - JACKSON,SHARON DENISE - EMERA ID: 4 - 3/15/2019

**COMPTROLLER'S  
OFFICE**



**\*\*\*This is an automated message from the NAU OnBase system. Please do not reply.\*\*\***

As the designated Budget Office Approver, this Moving Expense Reimbursement Authorization Form requires your review.

|  |  |
|--|--|
| <b>EMERA ID:</b>                             | 4  |
| Requestor:                                   | NELSON,ERIC J, ASSISTANT COMPTROLLER         |
| Reimbursee:                                  | JACKSON,SHARON DENISE, ASSISTANT COMPTROLLER |
| Position #:                                  | 00026106 - 00027395 - 00001267               |
| Moving Expenses Allowed Per Letter of Offer: | \$1,000.00                                   |
| NAU Paid Amount:                             |  |
| Reimbursement Amount:                        | \$200.00                                     |

Click this [Employee Moving Expense Reimbursement Authorization Workflow link](#) to view all forms pending your review.

If you have any questions, please contact the Comptroller's Office at [Financial Controls](#).

Sincerely,

**NAU Comptroller's Office - Financial Controls Analysis and Reporting**

**(12) Human Resources Payroll Notification (See [P.1](#))**

**From:** NoReply@nau.edu <NoReply@nau.edu>  
**Sent:** Friday, March 15, 2019 4:47 PM  
**To:** Eric John Nelson <Eric.Nelson@nau.edu>; Sharon D Jackson <Sharon.Jackson@nau.edu>  
**Subject:** Requires Review - Employee Moving Expense Reimbursement Authorization - JACKSON,SHARON DENISE - EMERA ID: 4 - 3/15/2019



**\*\*\*This is an automated message from the NAU OnBase System. Please do not reply.\*\*\***

This Moving Expense Reimbursement is ready for input into the Payroll System.

|  |  |
|--|--|
| <b>EMERA ID:</b>                             | 4  |
| Requestor:                                   | JACKSON,SHARON DENISE, ASSISTANT COMPTROLLER |
| Reimbursee:                                  | JACKSON,SHARON DENISE, ASSISTANT COMPTROLLER |
| Position #:                                  | 00001267                                     |
| Moving Expenses Allowed Per Letter of Offer: | \$1,000.00                                   |
| NAU Paid Amount:                             | \$500.00                                     |
| Reimbursement Amount:                        | \$100.00                                     |

Click this [Employee Moving Expense Reimbursement Authorization Workflow link](#) to view all forms ready for input.

If you have any questions, please contact the Comptroller's Office at [Financial Controls](#).

Sincerely,

**NAU Comptroller's Office - Financial Controls Analysis and Reporting**

**(13) Human Resources Payroll Tax Notification (See [F.4T](#), [F.4R](#), [P.6a](#))**

**From:** NoReply@nau.edu <NoReply@nau.edu>

**Sent:** Friday, March 15, 2019 4:47 PM

**To:** Eric John Nelson <Eric.Nelson@nau.edu>; Sharon D Jackson <Sharon.Jackson@nau.edu>

**Subject:** Requires Review - Employee Moving Expense Reimbursement Authorization - JACKSON,SHARON DENISE - EMERA ID: 4 - 3/15/2019

**COMPTROLLER'S  
OFFICE**



**\*\*\*This is an automated message from the NAU OnBase System. Please do not reply.\*\*\***

Your Moving Expense Reimbursement Authorization has been finalized and your taxable amount will be added to your Normal paycheck within 1-2 cycles.

|  |  |
|--|--|
| <b>EMERA ID:</b>                             | 4  |
| Requestor:                                   | JACKSON,SHARON DENISE, ASSISTANT COMPTROLLER |
| Reimbursee:                                  | JACKSON,SHARON DENISE, ASSISTANT COMPTROLLER |
| Position #:                                  | 00001267                                     |
| Moving Expenses Allowed Per Letter of Offer: | \$1,000.00                                   |
| NAU Paid Amount:                             | \$500.00                                     |
| Reimbursement Amount:                        | \$100.00                                     |

Click this [Employee Moving Expense Reimbursement Authorization Workflow link](#) to view all forms ready for input.

If you have any questions, please contact the Comptroller's Office at [Financial Controls](#).

Sincerely,

**NAU Comptroller's Office - Financial Controls Analysis and Reporting**



**(14) Human Resources Payroll Reimbursement Notification (See [P.6b](#))**

**From:** NoReply@nau.edu <NoReply@nau.edu>

**Sent:** Friday, March 15, 2019 1:04 PM

**To:** Eric John Nelson <Eric.Nelson@nau.edu>; Sharon D Jackson <Sharon.Jackson@nau.edu>

**Subject:** Reimbursement for Employee Moving Expense Reimbursement Authorization - JACKSON,SHARON DENISE - EMERA ID: 3 - 3/15/2019

**COMPTROLLER'S  
OFFICE**



**\*\*\*This is an automated message from the NAU OnBase System. Please do not reply.\*\*\***

Your Moving Expense Reimbursement Authorization has been finalized and your reimbursement will appear on your normal paycheck within 1-2 cycles.

|  |  |
|--|--|
| <b>EMERA ID:</b>                             | 3  |
| Requestor:                                   | JACKSON,SHARON DENISE, ASSISTANT COMPTROLLER |
| Reimbursee:                                  | JACKSON,SHARON DENISE, ASSISTANT COMPTROLLER |
| Moving Expenses Allowed Per Letter of Offer: | \$2,000.00                                   |
| NAU Paid Amount:                             | \$300.00                                     |
| Reimbursement Amount:                        | \$1,520.00                                   |

Click <https://onbase-test.nau.edu/Appnet/docpop/formpop.aspx?docid=4542540> to view your form.

If you have any questions, please contact the Comptroller's Office at [Financial Controls](#).

Sincerely,

**NAU Comptroller's Office - Financial Controls Analysis and Reporting**

