

PAYMENT REQUEST

ATTACH ORIGINAL SUPPORTING DOCUMENTATION,
INCLUDING INVOICES, RECEIPTS, AND/OR FLYERS

FORM MUST BE FILLED OUT ELECTRONICALLY AND SIGNED

TAP USE ONLY

DATE PRINTED:

ACCOUNT BALANCE:

PEID:

PAYMENT INFORMATION

VENDOR NAME

DATE

INDIVIDUAL CORPORATION/
LLC

STREET ADDRESS

CITY

STATE

ZIP

ACCOUNT INFORMATION

TORO AUXILIARY PARTNERS ACCOUNT #

OBJECT CODE

AMOUNT CHARGED TO THIS ACCOUNT

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OBJECT CODE

AMOUNT CHARGED TO THIS ACCOUNT

TOTAL AMOUNT

DESCRIPTION/JUSTIFICATION

PLEASE PROVIDE A DESCRIPTION/JUSTIFICATION OF THE EXPENDITURE(S)

PAYMENT DISTRIBUTION PREFERENCES

MAIL TO ADDRESS ABOVE EFT/DIRECTPAY TAP OFFICE CARD PICK UP

NAME

EXTENSION

FOR QUESTIONS REGARDING THIS PAYMENT REQUEST, TORO AUXILIARY PARTNERS SHOULD CONTACT:

NAME

EMAIL

EXTENSION

DEPARTMENT

SIGNATURES *(For Philanthropic accounts, amounts over \$750.00 must receive Dean or VP approval)*

AUTHORIZED ACCOUNT SIGNER

DATE

PAYEE'S SUPERVISOR

DATE

DEAN/V.P. APPROVAL

DATE

PAPERWORK DEADLINE:	PAYMENT READY BY:
IN BY NOON TUESDAY	FRIDAY @ 4PM

TORO AUXILIARY PARTNERS APPROVAL

DATE