

PAYMENT REQUEST

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

FORM MUST BE FILLED OUT ELECTRONICALLY AND SIGNED

TAP USE ONLY D	ATE PRINT	TED:		ACCOUNT	BALANCE:			PEID:	
PAYMENT INFORMATION	I								
							0	INDIVIDUAL	CORPORATION/
VENDOR NAME					DATE				LLC
STREET ADDRESS			CITY	<i>·</i>		S	TATE	ZIP	
ACCOUNT INFORMATION	V								
TORO AUXILIARY PARTNERS ACCOUNT #				BJECT CODE			AMOUNT	CHARGED TO	O THIS ACCOUNT
TORO AUXILIARY PARTNERS ACCO	JNT #			BJECT CODE			AMOUNT	CHARGED TO	O THIS ACCOUNT
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TORO AUXILIARY PARTNERS ACCO	INT #			BJECT CODE			AMOLINT	CHARGED TO	O THIS ACCOUNT
TORO AOXILIANT TANTILLO ACCO	5111 //			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			AMOON	CHARGED IX	o mis Account
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TORO AUXILIARY PARTNERS ACCOU	JNI#		U	BJECT CODE		MOUNT	AMOUNT	CHARGED IC	THIS ACCOUNT
					TOTAL A	AMOUNI			
DESCRIPTION/JUSTIFICA									
PLEASE PROVIDE A DESCRIPTION	ON/JUSTI	FICATION OF TH	IE EXPE	NDITURE(S	5)				
PAYMENT DISTRIBUTION	_		_		_				
OMAIL TO ADDRESS ABOVE	O E	FT/DIRECTPAY	$\overline{}$	TAP OFFICE CARD	PICK UP	NAME			EXTENSION
FOR QUESTIONS REGAR	DINGT	UC DAVAGADA			00 44174440	V DADTA	VEDC C	101115	2N/T4CT-
FOR QUESTIONS REGAR	DING IF	IIS PAYIVIEN I	REQU	JEST, TO	RU AUXILIAR	YPARII	VEKS SI	HOULD CO	JNIACI:
NAME .					EVERYGION DED.	DTMENT.			
SIGNATURES (For Philan	EMAI		untco		EXTENSION DEPA		vr 1/D ava	nroval)	
SIGNATURES (FOI PHILAII	thropic a	ccounts, amo	unts o	ver 3750.	oo must recen	ve Dean C	n vr up	provarj	
					(EE)((UDED) ((COD				
AUTHORIZED ACCOUNT SIGNER		DATE		PA	YEE'S SUPERVISOR			DATE	
				P	APERWORK DE	ADLINE:		PAYMENT I	READY
DEAN/V.P. APPROVAL		DATE			IN BY NOON TU	IESDAY		BY: Friday @	4PM
							•		
TORO AUXILIARY PARTNERS APPROV	/AL	DATE							Last Updated 4/12/2