

# 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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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

<b>PAPERWORK DEADLINE:</b>	<b>PAYMENT READY BY:</b>
IN BY NOON TUESDAY	FRIDAY @ 4PM

TORO AUXILIARY PARTNERS APPROVAL

DATE