



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

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AMOUNT CHARGED TO THIS ACCOUNT

TORO AUXILIARY PARTNERS ACCOUNT #

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, in addition to Authorized Account Signer approval)

AUTHORIZED ACCOUNT SIGNER

DATE

DEAN/V.P. APPROVAL

DATE

TORO AUXILIARY PARTNERS APPROVAL
Payment Request

DATE

PAYEE'S SUPERVISOR

DATE

(Payee's supervisor approval required for all employee
reimbursements)

PAPERWORK DEADLINE:

IN BY NOON FRIDAY

PAYMENT READY
BY:

WEDNESDAY @ 4PM