



RUSH PAYMENT REQUEST FORM

PO# _____
7 digit numeric

PURPOSE: Accounts Payable is responsible for processing payment requests within five business days of receipt of request, with the exclusion of peak periods. Requests should be submitted in a timely manner to allow adequate time for processing. There will be instances, however, that the campus unit is unable to do this due to circumstances beyond their control. Rush payment requests should only be used in those situations. The rush payment request form must be submitted with all rush requests
Rush Request Policy: 5.5.1.4

PROCESSING: Please submit **completed form*** along with original request (ex. **Payment Request Form**, Invoice, etc) and supporting documents as a single PDF attachment to Service Now with "RUSH REQUEST, PO#" in the subject line of the. Submissions received by noon will be reviewed and if approved, processed within 48 hours.

***ALL FIELDS AND SIGNATURES REQUIRED. AP WILL RETURN FORM TO REQUESTER IF INCOMPLETE**

PAYMENT INFO	Vendor ID*: _____ Vendor Name: _____ Vendor Look-Up *VENDOR SET-UP MUST BE COMPLETE BEFORE AP CAN REVIEW THE RUSH REQUEST
	Invoice Date _____ Invoice #: _____ Invoice Amt: _____
	Rush Request Justification: _____

DEPT APPROVALS	Requestor Name _____ Request Date _____
	Financial Manager* _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Name Printed Signature Approval Date </div>
	Director/Senior Director* _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Name Printed Signature Approval Date </div>
	*REQUIRED APPROVALS

FOR ACCOUNTS PAYABLE USE ONLY

AP APPROVALS	Date Received: _____ Department Approvals Yes No				
	<table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">AP Manager:</th> <th style="width: 50%;">AP Director:</th> </tr> <tr> <td> Reviewed Yes No Approval Approved Denied _____ Name Printed Date Approved/Denied _____ </td> <td> Reviewed Yes No Approval Approved Denied _____ Name Printed Date Approved/Denied _____ </td> </tr> </table>	AP Manager:	AP Director:	Reviewed Yes No Approval Approved Denied _____ Name Printed Date Approved/Denied _____	Reviewed Yes No Approval Approved Denied _____ Name Printed Date Approved/Denied _____
	AP Manager:	AP Director:			
	Reviewed Yes No Approval Approved Denied _____ Name Printed Date Approved/Denied _____	Reviewed Yes No Approval Approved Denied _____ Name Printed Date Approved/Denied _____			

STATUS	Status Communicated to Campus Yes No
	Date Processed _____ Voucher # _____

Reason for Denial: _____