

WIRE TRANSFER FORM

Payee/Beneficiary Information

PO Vendor Information *(If different from Beneficiary)*

Name

Address Line 1

Address Line 2

Address Line 3

Name

Address Line 1

Address Line 2

Address Line 3

Payee/Beneficiary's Bank

Intermediary Bank *(If necessary)*

Bank Name

Address Line 1

Address Line 2

Address Line 3

ROUTING # or SWIFT/BIC

Bank Name

Address Line 1

Address Line 2

Address Line 3

ROUTING #

Transaction Details

Payee/Beneficiary Account # IBAN *(If available)*

Currency Amount
(of selected currency)

Memo
(ex: Invoice #, description of product)

Disclaimer: A wire fee will be required (\$15 domestic/\$35 international). This fee will be expensed against the departmental cost center by category provided on this form. In the event that foreign currency is sent, the funds are subject to the bank's current exchange rate.

FOR A/P USE ONLY	
CCN <input type="text"/>	Account # <input type="text"/>
Category <input type="text"/>	APID <input type="text"/>

DEPARTMENTAL USE ONLY <i>(Optional)</i>
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