

**Montclair State University
Wire Transfer Request Form**

SWIFT or BIC _____

IBAN _____

Beneficiary Bank Address _____

Beneficiary Name _____

Beneficiary Address _____

Beneficiary Account # _____

Dollar Amount _____
OR
Foreign Currency Amount _____

Description _____

Fiscal Agent: _____ **Date** _____
(print)

Fiscal Agent Signature: _____
(signature)

FRS Account # _____ **Purchase Order # if applicable** _____

Initiated By: _____ **Date** _____

Transaction No. (TRN #) _____

ATTACH ALL DOCUMENTATION (EX. INVOICE)