



SWIFT Code (8 or 11 characters)

IBAN (International Bank Account Number)

Account #

Beneficiary Bank Name:

Bank Address

Beneficiary Name:

Beneficiary Address:
(including postal code)

Beneficiary Supplier ID:

Amount(USD Only):

Description:

CostCenter Manager:

(print)

Date:

CostCenter Manager Signature:

(signature)

Fund, CostCenter, Spend Category Worktag #:

PO# (if applicable):

ATTACH ALL DOCUMENTATION (Ex. INVOICE). ALL FIELDS REQUIRED. FORMS CONTAINING BLANKS WILL NOT BE PROCESSED.

Must attach Invoice and Official wire details from receiving bank. Companies may include their wire instruction on their invoice

For Controller's Office Use Only:

Date:

Initiated By:

Transaction No. (TRN #):

Approved By:
