

DOMESTIC WIRE TRANSFER FORM

PAYEE:

PAYEE ID:

DESCRIPTION OF SERVICES:

1099 REPORTABLE:

INCOME TYPE:

BANK INFORMATION:

BANK NAME	
NAME ON ACCOUNT (Beneficiary)	
ACCOUNT NUMBER	
ROUTING/TRANSIT NUMBER	
REFERENCE FOR BENEFICIARY	

AMOUNT: \$_____

FUNDING INFORMATION:

FUND	ORGN	ACCT	PROG	ACTV

AUTHORIZING SIGNATURES:

BUDGET MANAGER/DEPARTMENT HEAD

DATE

PROCUREMENT AND CONTRACTS

DATE