

International Wire Transfer Form

Beneficiary Account Name: _____

Beneficiary Physical Address: _____

Beneficiary IBAN/Account Number: _____

Description of Services: _____

Bank information must be provided on the attached payment documentation

Total Amount: _____

FUND	ORGN	ACCT	PROG	ACTV	Amount

Department: _____

Budget Manager/Department Head – Print Name _____

Signature: _____

Date: _____

Approved by – Procurement & Contracts

Date

Bank Information Form

Bank Name: _____

Bank Physical Address (No PO Box): _____

Swift Code: _____

Branch Code (if provided): _____

Six Digit Sort Code (required for UK and Ireland wires): _____

Nine Digit Transit Number (required for Canadian wires): _____