

REQUEST FOR WIRE TRANSFER

TO: Rosalynn Feagins
Controller's Office
Mary Reed Building, A-107
x. 2404; fax#: 3635

FROM: _____

DATE: _____

Amount:

Amount of wire in U.S. Dollars: _____
OR
Amount of wire in foreign currency: _____

Bank information:

Name of receiving bank: _____

Address of receiving bank: _____

ABA Routing or Swift Code of bank: _____

Recipient information:

Name on receiving account: _____

Acct. No or IBAN No: _____

FOAP/Location Code

Budget Officer signature:
