

WIRE TRANSFER REQUEST

Date _____

 Date Required

Department _____

Document #/AP Use Only _____

Requested By _____

Phone # _____

Authorized Signature _____

PO/TE # _____

Purpose

 WIRE INSTRUCTIONS [click here](#) Please complete all boxes

 Domestic

 International

 Intermediary Bank

Bank Name Bank Address	
Bank ID:(ABA, Swift/BIC Code)	

Account Holder's Name	
Account Holder's Address	
IBAN or Account Number	

 CURRENCY TYPE

 AMOUNT

 Bank Country

in currency selected

INDEX	FUND	ORG	ACCOUNT	PROGRAM	\$
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
					WIRE FEE _____
					TOTAL \$ _____

PLEASE ATTACH INVOICE OR TE TO BE PAID

Special Instructions

Controller's Office/ORI Approval

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