

Outgoing Foreign Payment Wire Transfer Request

FSD Document #

Print Form

DATE				COMPANY C If other than U o		C		o Not Use - for Financial Ser	vices Department Only	
AMOUNT				PAYMEN			CAD \$ QUIV			
REQU	IRED	Name or Company					I			
PAYEE INFO	RMATION	Address - Number, Street ar	nd Apartment # or	P.O. Box #						
<u>NOTE:</u> <u>Payee name must be</u> <u>the exact name of the</u> <u>registered bank</u> <u>account holder</u>		City, Province/State/Region, Postal Code Payee Phone Number								
		Country of Residence Enter payee e-mail here if they require a wire payment confirmation								
		Payee/Beneficiary Account	#, IBAN or CLABE				Bank Coo	de (ABA, Routing #, SWIF	T/BIC Code)	
REQUIRED		Bank Name								
		Dank Name								
BANK INFOR		Address - Number, Street ar	nd Apartment # or	P.O. Box #, City, Pro	ovince/State/Reg	gion, Postal Code	e, Country			
<u>NOTE</u> Payment C	urrency									
<u>must be the same</u> <u>as beneficiary's</u>										
bank acc	count	Other required banking infor	rmation(eg. Interme	ediary Bank informat	ion, CNY CNAP	S Code, INR Cur	rency Require	ments)		
		Payment Details (i.e. Invoice#, Due Date of Wire Transfer)								
			ACCOUNT	ING INFORM	ATION (Required)				
G/L Acct	Tax Code	Amount	Business Area	Cost Center	Inter Ord		⁻ unds Cer	nter Fund	Commitment Item	
			If other than 1000							
	Total									
For F Type Payment Only Vendor Number			Document Number					1		
Prepared By		Department			Email Address			Telephone #	Fax #	
Authorized Approver (Print Name)			Signature					Title of Authorized Approver		
		entation (e.g. invoice, cont					<u> </u>			
3- Pric	or to sending the	RIGINAL form MUST be ser ORIGINAL you can e-mail ver cannot be the same inc	I a completed co	py of this form for i	review to: ap.fs					
Do Not Use - for Financial Services Department Only										
New Payee	Existing Payee	Order Number:		Ap	prover		A	pprover		