



INTERNATIONAL WIRE TRANSFER REQUEST FORM

Non-Repetitive Electronic Transfer
(Check this box for one-time payments)

Repetitive Electronic Transfer
(Check this box for transactions that will occur more than once a year)

Document Control Number (DPV, PO, APV or TEV number)	
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Payment Due Date	
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*The beneficiary (payee) must provide, in writing on company letterhead or in an e-mail, all required receiving bank information listed below. Note: Either a U.S. Dollar amount **OR** a Foreign Currency amount and type must be specified. (*Indicates a required field)*

Beneficiary's Receiving Bank Information

*Receiving Bank Name:			
*Receiving Bank Address:			
*Bank City, State, Zip:			
*Country/Province:		*SWIFT code: (8-11 Alpha Numeric)	
*Account Name:			
SORT CODE (Required for payments to Ireland, UK, & Malta)			
*Account Number:			
* U.S. Dollar Amount <i>or</i> ▶		* Foreign Currency Amount	
		*Foreign Currency Type (Do not abbreviate)	
Special Instructions or Comments:			

Financial Services Office Use Only

PPS Initiator: _____
Signature
Print Name
Date

Financial Services Approvals:	Approver 1: Signature: _____ Date _____ Approver 2: Signature: _____ Date _____
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