



## 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)

<b>Document Control Number</b> (DPV, PO, APV or TEV number)	
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<b>Payment Due Date</b>	
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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

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

### Financial Services Office Use Only

**PPS Initiator:** \_\_\_\_\_  
*Signature*
*Print Name*
*Date*

<b>Financial Services Approvals:</b>	<b>Approver 1:</b> Signature: _____ Date _____  <b>Approver 2:</b> Signature: _____ Date _____
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