



FLEMING

Request For Wire Transfer Payment Form

Payable to (Full Legal Name):	
Address:	
Telephone:	E-mail address:
Bank Information	
Bank Name:	
Bank Address:	City:
County:	
Account #:	Currency:
ABA Routing #:	OR SWIFT:
Intermediary Bank Information (if applicable)	
Bank Name:	
Bank Address:	City:
County:	
Beneficiary Information (may not be the same as the Company name/address/etc.)	
Beneficiary Name:	
Beneficiary Address:	City:
Province/State:	Postal/Zip Code:
Country:	
Amount Requested:\$	
Purpose of Payment:	



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Requested by:		Date:	
Account Number	Department Number	Program	Amount

Note:

In order for Finance to process request, form must have an official Invoice attached from vendor stating the above required Bank and Beneficiary information.

Requestor's Signature:

Budget Manager Signature:

ELT Member Signature:
(required if greater than \$99,999.99)

Accounting use only: Vendor Number:
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