

Department Requesting Funds Transfer:

Departmental Account Number:

Initiator:

Debit Account Number:

| | |
|---|---|
| Is the payment Domestic (D) or International (I)? <input type="text"/> | Is payment to a U.S. Citizen? <input type="text"/> Yes <input type="text"/> No |
| \$\$ Amount: <input type="text"/> | |
| Date of Transfer (mm/dd/yy): <input type="text"/> <small>next business day</small> | |

Beneficiary Bank Information:

Receiving Bank's Routing Number # and:
(swift code number if International)

Receiving Bank's Name:

Receiving Bank's Address (city & state) :

Beneficiary's Account Information:

Individual or Company Account Number:

Individual or Company Account Name:

Vendor ID Number:

Individual or Company Address (city & state) :

Reason for Transfer:

Is the final beneficiary a bank (Y/N)? : PO Number:

Authorization: _____ Date: _____

FOR GAS USE ONLY:

| | | | |
|----------------------|-------|-----------------|--|
| Sequence No. | Time: | Initial & Date: | |
| Authorization: _____ | | Date: _____ | Withholding \$\$: <input type="text"/> |
| Authorization: _____ | | Date: _____ | NET AMOUNT \$\$: <input type="text"/> |