



## Outgoing Foreign Payment Wire Transfer Request

DATE				COMPANY CO		С	OTR	Do Not Use - for Financial Se	rvices Department Only	
AMOUNT				PAYMENT CURRENC	11		AD \$ QUIV			
REQUIRED		Name or Company								
PAYEE INFORMATION  NOTE:  Payee name must be the exact name of the registered bank account holder										
		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 Code (ABA, Routing #, SWIFT/BIC Code)								
REQUIRED  BANK INFORMATION		Bank Name								
		Address - Number, Street and Apartment # or P.O. Box #, City, Province/State/Region, Postal Code, Country								
NOTE Payment Cu must be the as benefic	:: urrency e same	Addison Names, eacet an	a / partinent // or t	1.0. Box #, Oly, 1.10	vinoe/otale/reg	ion, i ostal ocuc,	Country			
<u>bank account</u>		Other required banking information(eg. Intermediary Bank information, CNY CNAPS Code, INR Currency Requirements)								
		Payment Details (i.e. Invoice#, Due Date of Wire Transfer)								
			ACCOUNT	ING INFORM	IATION (F	Required)				
G/L Acct	Tax Code	Amount	Business Area If other than 1000	Cost Centre	Interi Ord	(	C/F Cent	tre Fund	Commitment Item	
	Total									
For F Type Payment Only		Vendor Number			Document Number					
Prepare	ed By	Depar	tment		Email A	ddress		Telephone #	Fax#	
Authorize	d Approver	(Print Name)		Signa	Signature			Title of Authorized Approver		
2- For l 3- Prio	Processing, OR r to sending the	entation (e.g. invoice, contra IGINAL form MUST be sent ORIGINAL you can e-mail ver cannot be the same ind	to A/P Departme a completed cop	ent, 215 Huron Stre	et, 2nd Floor. eview to: ap.fs	d@utoronto.ca	•			
Do Not Use - for Financial Services Department Only										
New Payee	Existing Payee	Order Number:		Арр	prover			Approver		
Financial Services Depart	tment								FSD/V8.1.3/ 16/07/2014	