



Outgoing Foreign Payment Wire Transfer Request

Print Form

DATE				COMPANY CO			COTR	Do Not Us	se - for Financial Ser	vices Department Only	
AMOUNT				PAYMENT CURRENC	11		CAD \$ EQUIV				
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 NOTE: Payment Currency must be the same as beneficiary's bank account		Bank Name									
		Address - Number, Street and Apartment # or P.O. Box #, City, Province/State/Region, Postal Code, Country									
		Other required banking information(eg. Intermediary Bank information, CNY CNAPS Code, INR Currency Requirements)									
		Payment Details (i.e. Invoice#, Due Date of Wire Transfer)									
ACCOUNTING INFORMATION (Required)											
G/L Acct	Tax Code	Amount	Business Area If other than 1000	Cost Center	Interr Orde		Funds Ce	enter	Fund	Commitment Item	
Total											
For F Type Payment Only		Vendor Number		Document Number							
Prepare	ed By	Depar	tment		Email A	Address		Tel	ephone #	Fax #	
Authorized Approver (P		(Print Name)		Signa	Signature			Title of Authorized Approver			
2- For I 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	sd@utoronto.ca	1				
Do Not Use - for Financial Services Department Only Approver Approver											
New Payee	Existing Payee	Order Number:		Apr	nover			Approver			
Financial Services Depart	ment									FSD/V8.1.3/ 16/07/2014	