



ACH/ WIRE TRANSFER REQUEST

Date: _____

*ACH/Wire Needed By: _____

Payee:
Address:
Reference:

Bank Name:
Address:
ACH ABA#:
Wire ABA#:
Beneficiary Acct #:

GENERAL LEDGER # (MUST HAVE 13 DIGITS)	DESCRIPTION	INVOICE #	TOTAL COST
		TOTAL COST:	

REQUIRED

REQUESTED BY: _____

Date Signed

BUDGET OFFICER APPROVAL _____

Date Signed

SUPV. SIGNATURE, IF REQ'D _____

Date Signed

ACCTS. PAYABLE APPROVAL _____

Date Signed

<p>FOR AP DEPARTMENT USE ONLY</p> <p>Voucher #: _____</p> <p>Voucher Date: _____</p> <p>Check Issued Date: _____</p> <p>Check #: _____</p>
