



# OUTGOING WIRE TRANSFER REQUEST FORM

To: Office of Finance & Accounting  
Phone: 907-474-7031  
Fax: 907-474-7046

Date: \_\_\_\_\_

From: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pay to the Order of (Vendor Name): \_\_\_\_\_

Vendor's bank account/IBAN number: \_\_\_\_\_

Is Vendor or entity a U.S. Citizen? \_\_\_\_\_ If you answered NO, contact OFA at x6426.

Is this subject to 1099 reporting? \_\_\_\_\_ If you answered YES, attach appropriate backup.

Receiving U.S. Bank Name			
ABA Number: (9 digits)		Branch Address:	
		City/State:	

### Reference for the Receiver:

Reference PO#, REQ#, or TA#:	
Purpose for Wire or Invoice#	

### Routing Information for Foreign Banks:

Beneficiary Bank Name:	
Beneficiary City/Country:	
SWIFT Code:	

Amount to be transferred:	
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Banner account number for wire transfer fee:	
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**NOTE: PLEASE DO NOT EMAIL THIS FORM ONCE COMPLETED, unless the banking information has been redacted.** This form can also be faxed to 907-474-7046.