



UNIVERSITY OF CENTRAL FLORIDA
Finance & Accounting
Domestic Wire Request

	Amount (USD): _____
Date Requested:	Date Required:

Individual Initiating Wire & Phone ext.: _____

UCF Dept Name: _____

UCF Dept/Proj. Number / Account Code: _____

Purchase Order Number / Vendor Number¹: _____

If for Travel, Traveler Name²: _____

*** The Following Information MUST MATCH Invoice and Name of the Actual Bank Account ***

Payee Name: _____

Payee Address: _____

Bank Information (Requirement: attach wire instructions as provided by vendor):

Bank Name: _____

Bank ABA Number: _____

Bank Account Number: _____

Bank Address: _____

(if available) _____

Reference Information:	A. <u>UNIVERSITY OF CENTRAL FLORIDA</u>	B. <u>Inv:</u>	Date: _____
	C. _____	D. _____	
F&A Authorization:			
	AP/Travel: _____	Date: _____	
	Tax Compliance: _____	Date: _____	
F&A Input: _____	Date: _____	Time: _____	
Approver: _____	Date: _____	Time: _____	
Wire Sequence Number: _____			
JID Number for Wire Fee ³ : _____	Date: _____	xls: _____	

Form 41-570a (05/2010)

¹ If paying an invoice without travel – attach an authorized invoice
² If travel is involved – attach an approved Invoice Payment/Transmittal Form (41-909)
³ A \$25.00 wire fee will be charged to the department/project listed above with a journal transfer