



WIRE TRANSFER FORM

2000 Simcoe Street
 Oshawa, Ontario. L1G 0C5
 Phone (905) 721-8668 Fax (905) 721-3199
 Email: finops@ontariotechu.ca

DATE: _____

REASON FOR WIRE REQUEST: _____

FUNDING BANK ACCOUNT: _____

AMOUNT REQUIRED: _____

CURRENCY: _____

GL ALLOCATION:

FUND:	ORG:	GL ACCOUNT:	ACTIVITY:	AMOUNT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BENEFICIARY INFORMATION

Beneficiary Name (ie. Account Name, Note: this field is limited to 35 characters): _____ _____ _____	Beneficiary Address (include full address: Street, City, State/Province/Territory, Country): _____ _____ _____
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Beneficiary Account #: _____

Additional information to include _____

BENEFICIARY BANKING INFORMATION

Bank Name: _____ _____	Bank Address (include full address: Street, City, State/Province/Territory, Country): _____ _____ _____
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Bank ID

SWIFT	CHIPS	FED	CC	ABA	IBAN (for Europe only)	OTHERS
_____	_____	_____	_____	_____	_____	_____

WIRE TRANSFER APPROVAL

Prepared by	_____	_____	Date
Budget Holder Approval	_____	_____	Date
Budget holder: Please forward completed and duly signed Wire Transfer request to Financial Operations at: finops@ontariotechu.ca			
Financial Operations Approval	_____	_____	Date
2nd Finance signature, if required	_____	_____	Date

WIRE TRANSFER PROCESSING

Initiated by:	_____	_____	Date
Confirmation No.	_____	_____	Date
Released by:	_____	_____	Date