

UNIVERSITY OF HAWAI'I

Wire Transfer Form

Date: _____

E DOC NUMBER _____

Amount of Transfer (US Dollars): \$ _____

Foreign Currency Transfer: Yes _____ No _____

If yes, Foreign Exchange (F/X) Code: _____

Requesting Department Information:

Department/Program: _____

Contact Person Name: _____

Contact Person Phone No./email address: _____

Vendor/Payee Information:

Name: _____

Address: _____

IBAN (preferred) or Bank Account Number: _____

Invoice Number: _____

Vendor/Payee Bank Information:

Bank Name: _____

Address: _____

ABA Routing Number (US Wires): _____

SWIFT Code (Foreign Wires): _____

Special Note to Vendor/Payee or Vendor/Payee Bank (optional):

Fiscal Authority Signature Date Name (Print or Type)

F. O. Code Phone Number

DISBURSING OFFICE USE ONLY

Wire Transfer Number: _____

General Instructions: Attach this wire form to the KFS document.