

## 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):**

\_\_\_\_\_ 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.