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Requestor:	Ext.:	_ Dept. <u>:</u>	
Email:		_ Fax:	
Date Requested:	Date Needed:		
Amount: \$			
Bank Name:			
City, State:			
Beneficiary Account Name(Payable Td)			
Beneficiary Account Number:			
Bank ABA#:			
Reference/Description:			
PO#: SpeedType to b	oe charge <u>d:</u>	Account:	
Requestor (Signature)		Date:	
Department Approval:(sign & print name)		Date:	
Travel/Equip Acctg Approval(sign & print name):		Date:	
OSPA Approvatsign & print name):		Date:	
A/P Approval (sign & print name)		Date:	

Policies and Procedures for wire transfers: