Required information: "G/L account coding, Amount and Currency, Beneficiary Name and Address, Beneficiary Account # (if the fund is transferre European banks, the account # is the same as IBAN) Bank Name and Address, Bank ID (SWIFT is required for all international wire payment; Other bart types can be entered if indicated on the invoice). * Budget Holder approval (must adhere to Signing Authority Policy). Completed form and backup (invoices) should be sent to: finops@ontariotechu.ca DATE: REASON FOR WIRE REQUEST: FUNDING BANK ACCOUNT: AMOUNT REQUIRED: CURRENCY: GL Allocation BENEFICIARY INFORMATION Beneficiary Name (ie. Account Name, Note: this field is limited to 35 characters): Street: City: Province: City: Province: City: Province: City: Postal Code: Beneficiary Account # (or IBAN #Europe only): Street: Country: Postal Code: BENEFICIARY BANKING INFORMATION BENEFICIARY BANKING INFORMATION Bank Address: Street, City, State/Province Bank Address: Street; City, State/Province
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Budget holder approval: Date Budget holder: Please forward completed and duly signed Wire Transfer request to Financial Operations at: finops@ontariotechu.ca Date Financial operations approval:
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