DR Number:

Date: \_\_\_\_\_

SAP Document No.:

Payee Information	Departmental Informa	ation	
Payee Name:	Dept. Name:		
Address 1:	Contact Person:	Contact Person:	
Address 2:	Address 1:	Address 1:	
Address 3:	Address 2:		
City/State/Zip:	Address 3:	Speed Sort:	
	Email:		

Bank Transfer Request	
If this is a request for disbursement by bank transfer please check here	and complete Page 2.
Note: Bank fees for wire transfers will be charged to the originating departme	ent.

### Description for Disbursement

UNIVERSITY OF KENTUCKY

Disbursement Request

# **Total Disbursement Amount**

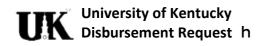
# **Accounting Information**

G/L Acct.	Amount	Assign. No.	Cost Center	Internal Order	WBS Element	Fund	Earmarked Funds	Item

#### AUTHORIZATION FOR PAYMENT

I hereby certify that this Disbursement Request documentation and attachments are valid and in compliance with University of Kentucky policies and regulations.

Authorizing Official:	Date
Approving Official:	Date
Accounts Payable:	Date



DR	Number:
----	---------

Date:

SAP Doc. #:

Type of Bank Transfer	Request		<b>Currency Information</b>	n
П АСН	Wire - check appropriate box below	N	U. S.	
	Domestic	International	Foreign	Currency Type:

# **Purpose of Transfer**

Pay to Beneficiary, Ben	eficiary Bank and IC	CF Bank Information (if applicab	le)	
Beneficiary Name			Phone	
Address				
City		State		Country
Beneficiary Bank Name				
Address				
Country		ABA Number		
Account #/IBAN		Swift Number		
Other International Instr	ructions			
ICF Bank Name				
Address		ABA Number		
Account #/IBAN		Swift Number		
Account Name				

#### Cost Object to be Assessed for the Bank's Wire Fee

## For Treasury Use Only

Tor measury ose only		
Bank Account Name	Account Number	
Entered by	Approved by	
Transaction ID	Clearing Ref #	
Date Completed	-	

#### Instructions for Bank Transfer Request

Type of Bank Transfer Request - Check one.

**Purpose of Transfer** - Describe the purpose of the transfer. If the beneficiary has requested information be included with the payment, such as invoice number, contact person or program name, include here. This information will be entered as part of the description in the banking system to provide information to the beneficiary on the purpose of the payment. **Currency Information** - If this is an international wire, enter the currency information.

### Pay to Beneficiary, Beneficiary Bank and ICF Bank Information -

- 1. Verify the Beneficiary Name is exactly as named on the account or the wire may fail.
- 2. ABA Number For domestic wires, you must include the beneficiary bank's 9-digit ABA number. For international wires, include the SWIFT/BIC code.
- 3. Account #/IBAN Indicate the beneficiary bank account number. Indicate the 22-digit IBAN for international wires if available.
- 4. ICF Intermediary/Correspondent Bank/Further Credit to use only if applicable. Otherwise, leave blank.

Cost Object to be Assessed for the Bank's Wire Fee - Insert the cost object to be charged for the Wire Transfer Fees