

WIRE TRANSFER FORM

For international reimbursement only: for payment by wire transfer please provide the following information, otherwise checks will be mailed. Below information MUST be typed or very clearly written to avoid delay in wire transfer. If information is incorrect, bank fees will be charged by both your bank and our bank, and all charges will be deducted from your reimbursement.

Please allow approximately 45 days from receipt of expenses for reimbursement.

Full Name of Bank: _____

Bank's Full Address (including City and State/Country): _____

SWIFT Code (bank identification code) or ABA Number (routing number): _____

Currency (if non-US dollars): _____

Beneficiary (your name): _____

Beneficiary's Full Address: _____

Bank Account Number: _____

Reason for Transfer: _____
