Rancho Santiago College District STUDENT BUSINESS OFFICE

WIRE TRANSFER REQUEST

(Foreign Transactions Only)

SANTA ANA COLLEGE	DISTRICT OFFICE	SAN	TIAGO CANYON COLLEGE
Date:			
Account Name:			
Account #:			
Wire Requested By:	N		Phone/Ext.#
Beneficiary Information	Name	Department	Pnone/Ext.#
Beneficiary Name:			
Beneficiary Acct:			
Address:			
Beneficiary Bank Information			
Beneficiary Bank Name:			
Beneficiary ABA Number/SWIF	T ID:		
Beneficiary Bank Address:			
ALL BENEFICIARY INFO MUST BE COMPLETE/ACCURATE OR WIRE MAY BE REJECTED & ADDITIONAL FEES WILL APPLY.			
Were services performed with	in the US? Yes No *Notice: Intermediary and Beneficiary banks may		
Is the beneficiary a foreign ve If Yes, please attach			
Is the beneficiary a foreign individual? Yes No If Yes, please attach W-8BEN			
	DESCRIPTION OF SERVICES		AMOUNT
TOTAL \$			•
*** Be sure to attach Original Receipts, Invoices, Event Flyers, and Required Forms ***			
*** Wire will not be processed without W-8BEN / W-8BEN-E ***			
Approval:			
• •			
Dean / Director:			
FOR STUDENT BUSINESS OFFICE USE ONLY:			
Wire Date:			
Wire Fee:			
JE#:			