



**JACKSON STATE UNIVERSITY
OFFICE OF THE TREASURER**

WIRE TRANSFER REQUEST

REQUESTING OFFICE / DEPARTMENT

Date:	
Requestor:	
Email Address:	
Department:	
Account Number To Be Charged:	
Approver's Signature:	

BENEFICIARY INFORMATION

Beneficiary Name & Address:	
Beneficiary's Bank Name & Address:	
Amount:	
ABA/SWIFT Number:	
Account Name:	
Account Number :	
Memo:	

THE FOLLOWING INFORMATION MAY ALSO BE REQUIRED FOR INTERNATIONAL WIRES.

Intermediate Bank Name & Address:	
SWIFT/IBAN Number:	
Account Number:	
Currency:	

*****FOR TREASURER'S OFFICE USE ONLY*****

Financial Institution:			
Contact Name:			
Telephone Number:			
Account Number:			
Approved By:		Date:	
Completed By:		Date:	