ALTERNATE PAYMENT FORM
REQUEST FOR WIRE TRANSFER OR FOREIGN DRAFT

Int'l Wire
Domestic Wire
Foreign Draft

Export Control
Tracer
Cancellation

NAME AND NUMBER
NAME AND NUMBER
The Research Foundation of SUNY
Phone #: 434-7050
Fax #: 935-6705

AMOUNT
AMOUNT

ORDERING CUSTOMER
ORDERING CUSTOMER
RESEARCH FOUNDATION OF SUNY
PO BOX 9, ALBANY, NY 12201

(BY ORDER OF CUSTOMER)

SENDERS CORR BANK
SENDERS CORR BANK

(COVER THRU)

ACCT WITH BANK
ACCT WITH BANK

(BENEFICIARY’S BANK)

*For foreign banks, include SWIFT code.

BENEFICIARY CUSTOMER
BENEFICIARY CUSTOMER
NAME AND ACCOUNT #
NAME AND ACCOUNT #

(TO BE CREDITED TO)

DETAILS OF PAYMENT
DETAILS OF PAYMENT

(TO BE FORWARDED WITH
(TO BE FORWARDED WITH
PAYMENT)
PAYMENT)

SPECIAL INSTRUCTIONS
SPECIAL INSTRUCTIONS
FOR PAYMENT DETAIL

FOR PAYMENT DETAIL

SUPPLIER NAME
SUPPLIER NAME

SUPPLIER NUMBER
SUPPLIER NUMBER

SITE NUMBER
SITE NUMBER

PURCHASE ORDER NUMBER
PURCHASE ORDER NUMBER

PROJECT/TASK/AWARD
PROJECT/TASK/AWARD

EXPENDITURE TYPE
EXPENDITURE TYPE

ORGANIZATION
ORGANIZATION

CHARGE TO ACCOUNT 10970107

Authorized Signatures:

Operations Manager/Delegate: ___________________________ Date: __________

Central Office: ___________________________ Date: __________

Central Office: ___________________________ Date: __________

(SECOND SIGNATURE REQUIRED AT RF CENTRAL OFFICE FOR OVER $100,000.00)

Fax this form to (518) 935-6705 and include supporting documentation (PO, invoice, contract, PI approval, etc.)

for all foreign currency wire transfers, foreign drafts and wire transfers over $100,000.

Rev 1-Mar-09