



Date _____

**ALTERNATE PAYMENT FORM
REQUEST FOR WIRE TRANSFER OR FOREIGN DRAFT**

_____ Int'l Wire
_____ Domestic Wire
_____ Foreign Draft

Invoice # _____
Document # _____

Export Control _____
Tracer _____
Cancellation _____

IMPORTANT! PLEASE TYPE ALL INFORMATION

NAME AND NUMBER	The Research Foundation of SUNY Phone #: 434-7050 Fax #: 935-6705		
AMOUNT	CURRENCY		
ORDERING CUSTOMER (BY ORDER OF CUSTOMER)	RESEARCH FOUNDATION OF SUNY PO BOX 9, ALBANY, NY 12201		
SENDERS CORR BANK (COVER THRU)			
ACCT WITH BANK (BENEFICIARY'S BANK)			
*For foreign banks, include SWIFT code.			
BENEFICIARY CUSTOMER NAME AND ACCOUNT # (TO BE CREDITED TO)			
DETAILS OF PAYMENT (TO BE FORWARDED WITH PAYMENT)			
SPECIAL INSTRUCTIONS FOR PAYMENT DETAIL			

SUPPLIER NAME	SUPPLIER NUMBER	SITE NUMBER

PURCHASE ORDER NUMBER	PROJECT/TASK/AWARD	EXPENDITURE TYPE	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.