



CAL MARITIME

WIRE REQUEST FORM

Requesting Business Unit

MACMP

MAFDN

MAASC

MACMC

Recipient (Vendor):

Recipient (Vendor) Address:
(Do not use PO Box)

Bank Name

Bank Account

ABA Routing#

IBAN#

SWIFT # (international wires only)

Amount

Additional Instruction:

Currency, if not US\$

Wiring Fees Shared Y N

204 Form on File Y N

Account Fund Department Class (optional)

PO#

Requested by & Date

Approved by & Date

HOW TO SUBMIT YOUR FORM: You may submit your completed request form to the Financial Services Department:

Drop : Financial Services, Administration Building Room 23B 200 Maritime Academy Drive Vallejo CA 94590

Email: CMA-AP@csum.edu

Include with this form: Wire Transfer Routing Instruction Information/Approved Invoice

Accounting Use Only:

Initiated by & date:

Approved by & date:

Vendor #:

WFB Reference:

Voucher#: