



Foreign Bank Wire Transmittal Form

(*)INDICATES REQUIRED FIELDS

KFS Doc No. _____

ePayment No. _____

*Beneficiary's Name _____

*Beneficiary's Address _____

*Beneficiary's Bank _____

*Beneficiary's Bank Address _____

*Beneficiary's Bank BIC/SWIFT code _____

*Account Number _____

*IBAN Number _____

*Amount in US Dollars _____

*Invoice Number or Reference _____

1st Intermediary Bank Name (If applies) _____

For Beneficiary Bank _____

1st Intermediary Bank SWIFT OR ABA _____

1st Intermediary Bank Account Number _____

2nd Intermediary Bank Name (If applies) _____

For Beneficiary Bank _____

2nd Intermediary Bank SWIFT OR ABA _____

2nd Intermediary Bank Account Number _____

Financial Department's Bank Processing

Reviewed & Prepared _____ Date _____

Entered _____ Date _____

Approved & Released _____ Date _____

Outgoing wire reconciliation to daily bank records _____ Date _____