Bank Draft Authorization Form

Web Voucher #:

Foreign Currency (FX) Name: _____

Foreign Currency Amount: _____

(or US$ Amt to be converted to FX): _____

Payee Name: _____

Payee Address: _____

_____

_____

_____

Memo: _____

Is the draft to be picked up by the department? ☐ Yes ☐ No

If "Yes", please supply the following information:

Contact name: _____

Department: _____ Telephone #: _____

If the draft has enclosures, please attach a pre-addressed envelope.

_____ _____ _____

Name of Requestor **Telephone #** **Date**

Approved by: _____

CASH MANAGEMENT USE ONLY

Initiated by: _____ Date Released: _____

Approved by: _____ Draft #: _____

U.S.$ Equivalent: _____

Staple this form to the front of each invoice.

Foreign Currency Payments

SEND TO:
Cash Management
Holyoke Center
Room 451