

Foreign Currency Payment Voucher Request Template

Claimant/Company Name: _____

Claimant/Company Address: _____

Bank Name: _____

Bank Address: _____

Bank Account Holder: _____

Bank Account Number: _____

Bank IBAN (inside EU): _____

Bank ABA Routing Number (outside EU): _____

Bank SWIFT/BIC (all): _____

Currency of Payment: _____

Description of Payment: _____

Expense Claim Form Attached: Yes No

	Cost Centre	Account Code	Job Code
Charging Details:			

Requested By: _____ **Dated:** _____

Finance Office Use

Date of IP Beneficiary Request: _____

Date of Action on EFCP: _____

Date sent to Finance: _____