

# UNIVERSITY OF MEDICINE & DENTISTRY OF NJ WIRE TRANSFER NOTIFICATION FORM

DEPARTMENT NAME \_\_\_\_\_

ANTICIPATED DATE OF RECEIPT OF FUNDS \_\_\_\_\_

PAYOR NAME \_\_\_\_\_

W/T INFORMATION (PLEASE ATTACH DETAIL) \_\_\_\_\_

ANTICIPATED AMOUNT (US \$) \_\_\_\_\_

## **ACCOUNTING INFORMATION:**

INDEX \_\_\_\_\_

FUND \_\_\_\_\_

ACCOUNT \_\_\_\_\_

## **AUTHORIZATION:**

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

FORWARD COPIES TO: [rogasr@umdnj.edu](mailto:rogasr@umdnj.edu) or STEVE ROGA, ACCOUNTING DEPT., LIBERTY PLAZA, 4<sup>TH</sup> FLOOR, NEW BRUNSWICK or FAX to 732-235-9240.

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UPON RECEIPT OF FUNDS, THE ACCOUNTING DEPT. WILL PROVIDE THE ORIGINATING DEPARTMENT WITH THE FOLLOWING CONFIRMATION:

AMOUNT RECEIVED \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

JOURNAL VOUCHER # \_\_\_\_\_