



Request for International Payment via Bank Draft

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| •Vendor / Payee / Beneficiary Name | |
| •Beneficiary Country | |
| •Currency Type | •Amount (in selected currency) |
| Beneficiary Email Address – (optional, if given will receive Payment Notification) | •Date |

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|--------------------------------------|--------------------------|---------------------------|
| •Mail Draft to Street Address | | |
| •Mail to City | Mail to Province / State | Mail to Bank Postal / Zip |
| •Mail to Country | | |

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| Purchase Order (PO) / Travel Authorization (TA) Number / leave blank if payment via Direct Expenditure Voucher (DEV) |
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|----------------------------------|--------------------------|
| •University Contact Name | |
| •University Department | |
| •University Contact Phone | University Contact Email |

If you have any questions completing this form, please contact:

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|---|--|
| For Travel (TRV): Annette Jordan • (803)777-4047 • Annette.Jordan@sc.edu | For Accounts Payable (PO / DEV / Invoice): Judith Nevergoll • (803)777-2121 • Judith.Nevergoll@sc.edu |
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NOTE: This form is a supplemental form intended to provide additional banking information for international payments and **MUST** be attached to a voucher or invoice for processing.