

**SONOMA COUNTY OFFICE OF EDUCATION
REQUEST FORM FOR WIRE TRANSFER**

Date: _____
To: Christy Arend, Director External Payroll and Finance
CC: Janelle Sarsfield and Thuan Pham
From: _____
Re: _____

This request authorizes the Sonoma County Treasurer to transfer from _____

School District from district fund _____ Dept Id # _____, in the amount of

\$ _____. *Note: Please include the Crosswalk Fund and Department ID*

To be Credited to: _____ (Vendor name), Supplier ID: _____

ABA #: _____

Bank Name: _____

Account Name: _____

Beneficiary Address: _____

Acct #: _____

IBAN: _____

(for cross-currency payments only; provided by the beneficiary)

Ref: _____

Attn: _____

Please process this transaction on the ____ day of _____, _____.

I, the undersigned hereby certify that I am the authorized signer on behalf of the LEA and that by signing this form I certify under penalty of perjury that the information above is true and correct. I acknowledge and authorize SCOE to complete the [County of Sonoma Wire Transfer Form](#) on the LEA's behalf using the information contained in this form. By signing below, I certify there are sufficient funds in this account and authorize the wire transfer from this account.

(Please include with this request form a Fiscal 07 Cash Transaction Detail verifying cash in hand for this fund)

Dated: _____

Printed Name of Authorized Signer

Signature Title

Account Code to Charge:

PLEASE SCAN AND EMAIL THIS REQUEST TO carend@scoe.org, jsarsfield@scoe.org, jliu@scoe.org and tpham@scoe.org PROCESS DATE ABOVE WILL BE THE DAY THE FUNDS ARE TRANSFERRED TO THE VENDOR.

Please note: The minimum amount for Wire Transfer is \$100,000 unless there is a justifiable critical business need that will be vetted by the Assistant Treasurer - Tax Collector