

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  
\$ \_\_\_\_\_.

To be Credited to: \_\_\_\_\_ (Vendor name)

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 \_\_\_\_\_, \_\_\_\_\_.

By signing below, I certify there are sufficient funds in this account and authorize the wire transfer from the account.

***(Please include with this request form a Fiscal91 County Object Summary verifying cash in hand for this fund)***

Dated: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

ACCOUNT CODE TO CHARGE: \_\_\_\_\_

PLEASE SCAN AND EMAIL THIS REQUEST TO [carend@scoe.org](mailto:carend@scoe.org), [jsarsfield@scoe.org](mailto:jsarsfield@scoe.org) and

[tpham@scoe.org](mailto:tpham@scoe.org) . PROCESS DATE ABOVE WILL BE THE DAY THE FUNDS ARE TRANSFERRED

TO THE VENDOR.