**Department of Revenue**

TREASURY DIVISION

Cash Management

PO Box 110406

Juneau, Alaska 99811-0406

Main: 907.465.2360

Fax: 907.465.4397

**Domestic Wire Request Form**

(Please see AAM 38.235 for more information)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To: **Cash Manager** | | | | | | | | | Date of Request: |  |
| Requestor’s Name, Title, Department, Division: | | | | | | | |  | | |
| Phone: | | |  | | | | | | | |
| Fax: |  | | | | | | | | | |
| Email: | |  | | | | | | | | |
| Payment amount: | | | | |  | | | | | |
| Destination Bank name: | | | | | |  | | | | |
| ABA transit routing Number | | | | | |  | | | | |
| Beneficiary Account Number: | | | | | | |  | | | |
| Beneficiary Account Name: | | | | | | |  | | | |
| Reference: | | | |  | | | | | | |

**Certifying Officer:**

***I certify that the facts herein or on supporting documents are correct, that these documents constitute legal charges against funds and appropriations cited, that sufficient funds are encumbered to pay these obligations or that there are sufficient funds unencumbered balances in the appropriations cited to cover these obligations. I am aware that certifying false, inaccurate, or misleading documents constitutes an unsworn falsification punishable under AS 11.56.210.***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Certifying Officer Signature: | | | |  | | | |  | Date: |  |  |
| Printed name: | |  | | | | | |  |  |  | |
|  | | | | | | | | | | | |
| **Cash Manager’s Acceptance of Disbursement Request:** | | | | |  | | | | | | |
| Cash Manager: | | |  | | | | |  | Date: |  |  |
|  | | | | |  | | | | | | |
| ***Treasury Use Only*** | | | | |  | | | | | | |
| Date Paid: |  | | | | |  | Amount Paid: $ | | |  |  |
|  |  | | | | |  |  | | |  | |