

**CONSERVATION INTERNATIONAL FOUNDATION
External Grant INITIAL/LUMP SUM Payment Request**

BUSINESS UNIT REQUESTING PAYMENT:

PAYMENT TO (GRANTEE NAME) _____
AMOUNT REQUESTED _____

PAYMENT METHOD:

CHECK
 WIRE
 CASH

REF/INVOICE #:

For Wire Transfers ONLY:

Beneficiary Bank Info:	Intermediary Bank #1 Info (If Applicable):
Bank Name:	Bank Name:
ABA/SWIFT#:	ABA/SWIFT#:
Sort Code:	Sort Code:
* Account #	* Account #
Address	Address
City	City
Country	Country
* Enter Account # if using intermediary bank	Intermed. Wire Transfer Fee
Beneficiary (Recipient) Info:	Intermediary Bank #2 Info (If Applicable):
Name:	Bank Name:
Account #:	ABA/SWIFT#:
Address	Sort Code:
City, State	* Account #
Country	Address
	City
	Country

For Checks ONLY:

Beneficiary (Recipient) Info:

Name:
Address:
Finance to send check: []
or Return Check To:
Due Date:

OR

PAYMENT REQUESTED BY: _____
EXT.

PAYMENT APPROVED BY: SIGNATURE: _____

FINANCE APPROVAL: SIGNATURE: _____

DATE: _____

DATE: _____

DATE: _____

For Administration Use:	<input type="checkbox"/> Insufficient documentation	<input type="checkbox"/> Lack of required signature
DATE RETURNED: _____	<input type="checkbox"/> No original invoice or contract	<input type="checkbox"/> Other