

Draft Order Form

University of Wisconsin-Madison
Accounting Services
21 North Park Street, Suite 5301, Madison WI 53715-1218

All information MUST be typed.
You must download this form in order for the fillable fields to be visible.
Please attach this form to your Expense Request.

Draft Order Request:

Beneficiary/Payee: _____
Beneficiary Address, City, State, Zip Code, Country: _____
Payment Amount: _____ Type of Currency: _____
Reference for Beneficiary (e.g. Invoice number, etc.): _____ (25 character limit)

Funding String for Bank Fee:

Western Union Order Fee: \$5.00

Account (Default 2623)	Fund	Department	Program	Project (If Applicable)
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Approval and Acknowledgment: *By signing, I acknowledge that this information is correct. I approve the processing of this payment and the charge associated with processing this payment.*

Preparer Name (UW-Madison employee)

Preparer Signature (UW-Madison employee)

Date

Department Approver Name

Department Approval Signature

Date

Dean/Division Approver Name

Dean/Division Approval Signature

Date