Wires
(AG-212)

Texas A&M AgriLife
Administrative Services – Cash Management

**Wire Transfer Request**

<table>
<thead>
<tr>
<th>Departmental Reference:</th>
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<tr>
<th>Benefitary Name:</th>
<th>Amount: $_____</th>
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</thead>
</table>

**Disbursing Bank:**

Wells Fargo Bank

Texas Location

1119-0065-9 ABA No./Bank Code

**Corresponding Bank:**

Bank Location

ABA No./Bank Code Account No.

**Beneficiary Bank:**

Bank Location

ABA No./Bank Code Account No.

**Description of Wire Transfer:**


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**Departmental Contact**

Requested: ____________________

Phone: ________________________

Date: _________________________

**Fiscal Approval**

Approved: ____________________

Date: _________________________

**Confirmation Number:**

Entered: ______________________

Date: _________________________
Texas A&M AgriLife
Administrative Services – Cash Management

**Wire Transfer Request**

| Department requesting will mark agency. |
| Departmental Reference: ________________ |

| 06 Research | 07 Extension | 20 TVMDL |

**Beneficiary Name:** __________________________

**Amount:** $____________

**Disbursing Bank:**
- Wells Fargo
- Location: Texas
- ABA No./Bank Code: 1119-0065-9

**Corresponding Bank:**
- Bank information needed if there is an intermediate bank between wire transfer's ultimate destination and us. Be complete as possible.

**Beneficiary Bank:**
- Bank information needed for wire transfer’s ultimate destination. Be complete as possible.

**Description of Wire Transfer:**
- Brief description of wire. Some of this information will be keyed into the actual wire transfer.

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**Departmental Contact**
- Departmental contact name and phone number.

**Fiscal Approval**
- Agrilife Administrative Approval for wire transfer

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**Requested:** __________________________

**Approved:** __________________________

**Phone:** __________________________

**Date:** __________________________

**Date:** __________________________

**Confirmation Number:** __________________________

**Entered:** __________________________

**Date:** __________________________
* Forms

- Deposits (AG-207)
- DFE’s (AG-211)
- DFI’s (AG-210)
Deposits (AG-207)

**Deposit Form**

Receipt dates _____________ to _____________

Enclosed are monies consisting of:

<table>
<thead>
<tr>
<th>Checks</th>
<th>$</th>
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<tbody>
<tr>
<td>Cash</td>
<td>$</td>
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<tr>
<td>Other</td>
<td>$</td>
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</tbody>
</table>

**For Deposit With:**

- ☐ 08 Research
- ☐ 07 Extension
- ☐ 20 TVMDL

**Department/Unit Name**

<table>
<thead>
<tr>
<th>Accounting Analysis</th>
<th>Amount</th>
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<table>
<thead>
<tr>
<th>Receipt Number</th>
<th>Payor/Item</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
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**Total** $0.00

**Departmental Approval**

Signed: __________________
Date: ________

**Fiscal Approval**

Signed: __________________
Date: ________

Deposit Slip Number: __________________

Laserfiche Document: __________________
Deposit Form

Receipt dates ________________ to ________________

Enclosed are monies consisting of:

<table>
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<tr>
<th>Checks</th>
<th>Total of Checks</th>
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<tbody>
<tr>
<td>Cash</td>
<td>Total of Cash</td>
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<tr>
<td>Other</td>
<td>Total of other instruments Ex: credit cards</td>
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</tbody>
</table>

TOTAL $0.00 Total amount being deposited

For Deposit With:

- Department making deposit must select one agency
- Department or Unit making deposit
- 06 Research  07 Extension  20 TVMDL

Department/Unit Name

Accounting Analysis | Amount |
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6 digit SL plus 5 digit SA plus 4 digit revenue code

Total being deposited for each accounting analysis

Description

Description to be input to FAMIS; any information (up to 35 characters) in this area will be input to FAMIS. Otherwise the department/unit code will be used.

Receipt Number | Payor/Item | Quantity | Unit Price | Amount |
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</table>

Individual receipts & information making up deposit.
Quantity & Unit price are optional.
May choose to list range of receipts and not itemize each payee.
Voided receipts should be listed separately.

Total being of all receipts in the deposit.
Must match total monies being deposited above.

TOTAL: $0.00

Signed by departmental person completing deposit.

Signed & dated when verified by Fiscal.

Date deposit was completed in department:
Signed:
Date:

Deposit Slip Number:

Departmental Approval

Fiscal Approval

Laserfiche Document:
Filename assigned to scanned document in Laserfiche.
* Important Information on Deposits

- Credit card, ACH and checks need to be on separate deposit forms (not combined)

- Ref 4 should be a departmental number unique to the department; up to 7 characters long

- Always send calculator tapes for checks/cash and receipts if more than one item

- Send in all voided receipts, including (white/pink) copies

- Receipts need to have details of what the payment is for

- When scanning deposit paperwork into Laserfiche, use the Cash Management Unit template

- Once scanning is completed, proof all pages for accuracy before dropping into WIP folder
* DFE’s (AG-211)

- Always send a copy of FAMIS screen 168 or copy of voucher for all DFE’s

- If a Concur DFE, a copy of the report key should be sent
* DFIs (AG-210)

- Include a copy of the AG-207 where the funds were originally deposited
- Vendor IDs should be set-up before submitting
*Miscellaneous*

- Gift Processing
- Petty Cash
- Questions?
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