

The University of Texas Health Science Center at Houston

Request for Foreign Currency Draft

Date: _____

Requested by: _____

Fund Source: _____

Detailed Purpose: _____

Department Approval: _____

Payment & Account Facilitation Approval: _____

For Completion by Finance

Remitter: _____

Debit Account: _____

UT-H Approval: _____

For Completion by UT-H Department

Type of Currency: _____

Requested Amount: _____

Beneficiary:

Name: _____

Address: _____

Person Authorized To Pick Up Draft: _____

(ID will be required.)

For Completion by JPMorgan Chase Bank

Applied Exchange Rate: _____

Confirmed Total US \$: _____

Foreign Currency Draft #: _____