UNIVERSITY OF CALIFORNIA, SAN DIEGO
DOMESTIC WIRE TRANSFER REQUEST FORM
WELLS FARGO BANK

Requestor: (Please fill in the following information)

Requested Issue date: ________________________________

U.S. Dollar Amount: ________________________________

Beneficiary Name & & Address: ________________________________

Bank Account Number: ________________________________

Beneficiary Bank & Address: ________________________________

USA Bank ABA Number: ________________________________

Payment Information or Message to Payee: ________________________________

Purchased Order # (if applicable)

Tax Amount (if applicable)

Department Name: __________________ Date: __________ Ext: ____ Mail Code _______

Prepared by:

Approved by:

(Authorized Signature)

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For Disbursements Use Only: 1099 IND: TAX CODE: __________________

Contract Number (Over U.S. $10,000 only) __________________

Wire Number: __________________

Processed by: __________________ Date: __________________

Mail request to Disbursements, Mail Code 0955