The Ohio State University Office of Financial Services ACH/WIRE Claim Form

The Office of Financial Services / Attn: Bank Reconciliation

Emails: bilas.1@osu.edu; aziz.27@osu.edu

University Contact Information

Department Name	
OSU Phone#	
Fiscal Contact if different than above	
Contact Name	
OSU Email	
Today's Date	

Payment Information

Please include decimal point in dollar amounts.

Payment Type:	ACH or Wire
Expected Payment Date:	
Expected Payment Amount:	
Remitter:	

Invoice Date	Invoice Amount	Invoice Number	