Form 3.2. Wire Request

Date of W	ire:		
Amount o	f Wire: \$		
Wire Inst	ructions: Bank		
	ABA#		
	Credit A/C		
	Ref:	Acct#	
Internal A	accounting Coding:		
Signed:	Director of Finance	Date:	
Signed:	County Administrator	Date:	
Signed:	Treasurer	Date:	

FLUVANNA FINANCE