

DcpnlF t chl' Cwjl qt k c v l q p' Hqt o "

PR000 _____

Foreign Currency (FX) Name: _____

HCOM-REQ _____

Foreign Currency Amount: _____

(or US\$ Amt to be converted to FX): _____
" " " " " " " " " " " " " " "

Payee Name: _____

Payee Address: _____

Memo: _____

Is the draft to be picked up by the department? ☐ Yes ☐ No

If "Yes", please supply the following information:

Contact name: _____

Department: _____ Telephone #: _____

""H'vj g'f t chl'j cu'gpenqwt gu please attach a pre-addressed envelope.

_____ P co g'qhl'Tgs wguwt _____ Vgrgr j qpg'% _____ F c v g

Cr rt q x g f ' d { < _____

CEEQWPVURC[CDNG"WUG'QPN["

Initiated by: _____ Date Released: _____

Approved by: _____ Draft #: _____

U.S.\$ Equivalent: _____

"

Ucr ig'vj k'l'ht o 'v'vj g'lt qp'v'hl'gcej 'lpxqlg0'

Hqt gli p'Ewt t gpe{ 'Rc{ o gpw'

SEND TO:
Ceeqwpw'Rc{ cdng"
1033 Mass Ave.
2nd floor
617-496-3018