

NOTICE OF EXPECTED ELECTRONIC TRANSMISSION

DEPARTMENT NAME: _____

DEPARTMENT CONTACT PERSON: _____

DEPARTMENT PHONE NUMBER: _____

VOUCHER/INVOICE NUMBER: _____ DATE REQUESTED: _____

EXPECTED AMOUNT(S): \$ _____ \$ _____ \$ _____

NAME OF AGENCY SENDING ACH/EFT: _____

EXPECTED ARRIVAL DATE: _____

OTHER COMMENTS: _____