



Electronic Payment Form (International)

For currency that is not CAD or USD

THE SECTION BELOW IS TO BE COMPLETED BY THE VENDOR (PAYEE).

Account Number or IBAN: _____

Company Name: _____

Company Contact: _____

Contact Phone Number: _____

Contact Email: _____

Amount: _____ Currency: _____

THE SECTION BELOW IS TO BE COMPLETED BY LAKEHEAD UNIVERSITY.

Reason for Payment: _____

Lakehead PO Number: _____

Lakehead Budget Code(s): _____

Authorized Signature: _____ Name: _____

NOTE: Please submit your request for payment with all supporting documents to Accounts Payable (acctspayable@lakeheadu.ca). Once the payment has been submitted, please expect a minimum of fourteen (14) business days for processing. Transfers will not be processed if any of the required information is missing, as our bank will not process transfers with incomplete information.