Treasury
1851 N. Research Drive
Bowling Green, Ohio 43403
controller@bgsu.edu

Updated December 1, 2023

Request for International Wire Transfer

Department Name: Requester Name: Requester Email: International Wire – USD			Date: Requester Phone Number:								
							Withdrawal Date:				
			International Wire – Foreign Currency								
			Payee Information:			Bank Information:					
IBAN*: Name*: Address 1*:			SWIFT BIC*: Bank Name*: Address 1*:								
						Address 2:			Address 2:		
						Address 3:			Address 3:		<u>-</u>
* = Required Field											
Fund	Department	Grant/Project	Account Number	Program Code	Wire Amount						
A \$50 fee is applied to all wires			Т	otal Amount to Wire							
Wire Purpose/Specia											
Requester Signature, required			Budget Administrator/P.I. Signature, required								
Grant Analyst Signature, if applicable			Purchasing (KR)	Purchasing (KR), required Accounts Payable (TB), required							
Senior Administrator, if applicable			required Provost Signature, if applicable ademic Affairs								
Controller, required			quired CFO/VP Finance & Administration, required								
CONTROLLER OFFICE NOTES:			The above-named requester is requesting the above payment be made. By signing this form, the requester certifies that the good or service has been								
		receiv	ved or will be received upon er supporting documentation	payment.							