

**Request for Wire Transfer  
International**

Department Name: \_\_\_\_\_ Date: \_\_\_\_\_

Requester Name: \_\_\_\_\_ Requester Phone #: \_\_\_\_\_

Requester Email: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

<input type="radio"/> International USD Wire	<input type="radio"/> Foreign Currency Wire - Foreign Currency _____
Payment to Information - Beneficiary	Account at - Beneficiary Bank
IBAN #:* _____	SWIFT BIC:* _____
Name:* _____	Bank Name: _____
Address 1: _____	Address 1: _____
Address 2: _____	Address 2: _____
Address 3: _____	Address 3: _____

\* = Required Field

Fund	Department	Grant/Project	Account #	Program Code	Amount

There is a \$50 fee for an International Wire Transfer

Special Instructions: \_\_\_\_\_ Total: \_\_\_\_\_

Requester's Signature \_\_\_\_\_ Requester's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Budget Administrator/P.I. Signature \_\_\_\_\_ Budget Administrator/P.I. Printed Name \_\_\_\_\_ Date \_\_\_\_\_

If Grant, forward this form to Grant's Office for authorized Signature \_\_\_\_\_ Grant Department Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Senior Administrator Signature \_\_\_\_\_ Senior Administrator Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
(Required for payments from \$9,999 - \$49,999)

VP Signature (Required for payments from \$50,000 - \$99,999) \_\_\_\_\_ VP Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Provost's Signature (**Required for all Academic Departments**) \_\_\_\_\_ Provost Printed Name \_\_\_\_\_ Date \_\_\_\_\_

VPFA Signature or President's Signature (**in absence of VPFA**) \_\_\_\_\_ VPFA or President's Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
**Required for all payments**

**The above named requester is requesting the above payment be made.  
By signing this form, the requester is certifying that this good or service has been received or will be received upon payment. Proper supporting documentation must be included.**