



Treasury

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

Updated October 21, 2025

Request for International Wire Transfer

Department Name: _____

Date: _____

Requester Name: _____

Requester Phone Number: _____

Requester Email: _____

Withdrawal Date: _____

☐ International Wire – USD

☐ International Wire – Foreign Currency _____

Payee Information:

IBAN/Account #*: _____

Name*: _____

Address 1*: _____

Address 2: _____

Address 3: _____

Bank Information:

SWIFT BIC*: _____

Bank Name*: _____

Address 1*: _____

Address 2: _____

Address 3: _____

* = Required Field

| Fund | Department | Grant/Project | Account Number | Program Code | Wire Amount |
|------------------------------------|------------|---------------|----------------|--------------|----------------------|
| | | | | | |
| | | | | | |
| A \$50 fee is applied to all wires | | | | | Total Amount to Wire |

Please enter Estimated Amount in USD for review by Budget Office

Wire Purpose/Special Instructions:

Requester Signature, *required*

Budget Administrator/P.I. Signature, *required*.

Grant Analyst Signature, *if applicable*

Purchasing (KR), *required*

A/P Manager (JB), *required*

Senior Administrator, *if applicable*

HC, *required*
if Academic Affairs

Provost Signature, *if applicable*

Controller, *required*

CM, *required*

CFO/VP Finance & Administration, *if applicable*.

CONTROLLER OFFICE NOTES (Assign Text Box to Bob Swanson):

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 received or will be received upon payment.

Proper supporting documentation must be attached to this request.