



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

Updated February 28, 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\*: \_\_\_\_\_ Name\*: \_\_\_\_\_ Address 1\*: \_\_\_\_\_ Address 2: \_\_\_\_\_ Address 3: \_\_\_\_\_
Bank Information: SWIFT BIC\*: \_\_\_\_\_ Bank Name\*: \_\_\_\_\_ Address 1\*: \_\_\_\_\_ Address 2: \_\_\_\_\_ Address 3: \_\_\_\_\_

\* = Required Field

Table with 6 columns: Fund, Department, Grant/Project, Account Number, Program Code, Wire Amount. Includes a total amount row and a note: A \$50 fee is applied to all wires.

Please enter Estimated Amount in USD for review by Budget Office

Wire Purpose/Special Instructions:

Large empty box for wire purpose and special instructions.

Requester Signature, required
Budget Administrator/P.I. Signature, required.
Grant Analyst Signature, if applicable
Purchasing (KR), required Accounts Payable (TB), required
Senior Administrator, if applicable
HC, required Provost Signature, if applicable if Academic Affairs
Controller, required
CM, required CFO/VP Finance & Administration, required.

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.