

DATE REQUIRED _____

PLEASE NOTE: Wire transfers are at a higher cost to the university and should be used only when funds need to be expedited for same day transactions.

Beneficiary Name _____

Supplier Name (Workday) _____

Beneficiary Address _____

Beneficiary Account Number _____

Bank Name _____

Bank Address _____

ABA/Routing # (US Domestic) _____

SWIFT/BIC Code (International) _____

IBAN Number (International) _____

| Company | Fund | Cost Center | Spend Category | Program Code | Additional Worktags | Description | Amount |
|---------|------|-------------|----------------|--------------|---------------------|--------------|--------|
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| | | | | | | | |
| | | | | | | Total | |

REASON FOR WIRE TRANSFER _____

Requested By _____
Print Name *Department* Phone _____

Email _____

Approved By _____
VP or Cost Center Manager Signature *Print Name* Date _____

Approved By _____
Project, Grant, or Gift Manager Signature *Print Name* Date _____

OSP Approval _____
Grant Accountant Signature *Print Name* Date _____

| | |
|--|------------|
| Office of Financial Services Use Only | |
| Setup _____ | Date _____ |
| Approval _____ | Date _____ |
| Confirmation _____ | Date _____ |

If payment involves Grant or Research Funds, Grant Manager and OSP approval are required.