

# WIRE TRANSFER FORM

## Payee/Beneficiary Information

Name

Address 1

Address 2

Address 3

## Payee/Beneficiary's Bank

Bank Name

Address 1

Address 2

Address 3

ROUTING # or SWIFT/BIC

## PO Vendor Information *(If different from Beneficiary)*

Name

Address 1

Address 2

Address 3

## Intermediary Bank *(If necessary)*

Bank Name

Address 1

Address 2

Address 3

ROUTING # or SWIFT/BIC

## Transaction Details

Payee/Beneficiary Account #

IBAN *(If available)*

Currency  Amount

Memo   
*(ex: Invoice #, description of product)*

**Disclaimer:** A wire fee will be required (\$15 domestic/\$35 international). This fee will be expensed against the departmental cost center by category provided on this form. In the event that foreign currency is sent, the funds are subject to the bank's current exchange rate.

### FOR A/P USE ONLY

CCN

Account #

Category

APID

### DEPARTMENTAL USE ONLY *(Optional)*