

UNIVERSITY OF CALIFORNIA RIVERSIDE

WIRE TRANSFER REQUEST

Guidelines for Wire Requests:

Wire requests should be used for payments requiring special handling that can not otherwise be paid by a check request.

Examples of such payments are with funds going outside the US to vendors, conferences, etc, or payments requiring non US Dollar currency.

Please attach any banking instructions you receive, as their may be information in those instructions that is not asked for on this form, but can be used in the wire transfer (such as CLABE, SORT CODE, BRANCH NAME, etc)

**For questions regarding this form or inquiry if a wire has been sent, including confirmations, please contact Christina Gidley (extension 2-1945) in General Accounting.

**For questions regarding documentation required (such as Invoices, PO's, etc) to approve a wire transfer payment, please contact Mary Crisucci (extension 2-1952) in Accounts Payable.

TODAY'S DATE:				DATE WIRE NEEDED:			
CURRENCY TO BE PAID TO BENEFICIARY (Ex. USD, Euros, etc):		AMOUNT:		USD (\$) AMOUNT TO BE CHARGED TO DEPT (<u>Leave Blank, ACCOUNTING DEPT will fill out</u>):		AMOUNT:	
PAY TO Account Name (Beneficiary); REQUIRED:				PAY TO Account Name (Intermediary Bank); OPTIONAL:			
Account Number:				Account Number:			
Account Holder's Address & Telephone No.:				Account Holder's Address & Telephone No.:			
Bank Name:				Bank Name:			
SWIFT # (Required <u>only</u> if sending payment outside the US)				SWIFT # (Required <u>only</u> if sending payment outside the US)			
ABA # (Required <u>only</u> if sending payment within the US)				ABA # (Required <u>only</u> if sending payment within the US)			
IBAN # (** <u>Only</u> provide if you have this information, it is useful to receiving bank)				IBAN # (** <u>Only</u> provide if you have this information, it is useful to receiving bank)			
Bank Address (Required):				Bank Address (Required):			
Phone(Optional):				Phone (Optional):			
Description to be transmitted in wire / Purpose of Wire (**This should be information that will help the Beneficiary identify the payment):							
DEPARTMENTAL APPROVAL / FAU to Charge (must have authorized signature)							
<u>Account</u>	<u>Activity</u>	<u>Fund</u>	<u>Function</u>	<u>Cost Center (optional)</u>		<u>Project Code (optional)</u>	
****PLEASE ATTACH APPROPRIATE BACKUP INFORMATION (Invoice, PO, Supporting Documentation, etc)****							
Wire Request Prepared by (please print name):				Phone Number:			
				Email:			
Wire Payment Authorized by (please print name):				Signature:			
				Date:			
ACCOUNTING OFFICE USE ONLY:							
Wired by:				Bank Wire Reference #:		Date:	
Approved by:				Wire over \$100K, Approved by:		Date:	