DOMESTIC WIRE REQUEST FORM

* **Attach the domestic wire request form to the corresponding Accounts Payable**

 **Check Request or Purchase Requisition form for payment.**

* **Complete the contact, banking and beneficiary information listed under the appropriate heading.**
* **Department will be charged $10 for domestic wire fees.**

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| **CONTACT AND PAYMENT INFORMATION** |  |
| **University Contact Name:** |   |
| **University Telephone Number:** |  |
| **University Email Address:** |  |
| **Amount of Payment:** |  |
| **Payment Due Date:** |  |
| **Business Purpose of the Wire payment:** |  |
|  |  |
| **BANK INFORMATION** |  |
| **Wire Routing Number (9 digits):** |  |
| **Bank Name:** |  |
| **Bank Address (City, State):** |  |
|  |  |
| **BENEFICIARY INFORMATION** |  |
| **Beneficiary Bank Account Number:** |  |
| **Beneficiary Account Name:** |  |
| **Beneficiary Address:** |  |
|  |  |
| **REFERENCE INFORMATION** |  |
| **Details to send to beneficiary: (i.e. invoice #)** |  |

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| **WIRE FEE PAYMENT INFORMATION** |
| **Company Code** | **G/L Account** | **Cost Object**  | **Cost Indicator** |
|  |  |  |  |

 **CCM Office Use Only**

|  |  |
| --- | --- |
| Value Date: | Company Code:  |
| FX Amt: | USD Amt: |
| Initiator: | Approver: |
| Date Received:Date Processed: | Delivery: AP EAP BURSAR   EIA TRA TOPS EMAIL |