

Purpose of this Form: To request an outgoing wire transfer. Completed forms must be submitted seven days in advance of payment date.

Note: The university preferred supplier payment methods are to utilize the Automated Clearinghouse (ACH) that facilitates electronic payment and remittance to the supplier. If a supplier is not set up in Oracle to accept this payment method, normally payment would then be made with a university-issued check. Wire transfers should only be used when one of the preferred payment methods will not meet the business needs of the university or when making payment to a supplier outside of the United States. Questions about the use of wire payments, or how to complete this form, should be directed to Accounts Payable at ap-help@andrew.cmu.edu.

Payment Information

There is a \$25 processing fee for each wire transfer. Oracle String to charge the processing fee: _____

Wire Transfer Amount: _____ Ledger: US Currency: _____

Beneficiary Information

Party/Account Receiving Wire Payment

Note: Supplier banks which have adopted the ISO International Bank Account Number (IBAN) standard must ensure a complete IBAN number is provided in the account number line. For example, Qatar IBAN numbers are 29 digits in the following format: QAKK QNBA 0000 0000 1234 123456 123.

Bank Account #: _____

Beneficiary Name: _____

Beneficiary Address: _____

Bank Receiving Wire

Bank ID: _____

(Use 9-digit ABA routing # for US banks or SWIFT Code for non-US banks)

Bank Name: _____

Bank Address: _____

Sort Code (UK): _____ BSB Code (AUS): _____

Intermediary Bank (Optional, only needed if there are three parties involved in the transfer of your wire): All of the bank information needed here is the exact same type as the information you entered above, except that it refers to the intermediary bank (the bank between the sending bank and the ultimate receiving bank).

Bank ID: _____

Bank Address: _____

Bank Name: _____

Bank Account (optional): _____

Accounting Information

GL Amount	Object Code	Funding	Function	Activity	Organization	Entity

Total: _____

GM Amount	Project	Task	Award	Expenditure Type (Text)	Organization (Text)

Total: _____

Initiating Department Information

Organization Name: _____ Email: _____

Preparer Name: _____ Phone Number: _____

Signature _____ Date: _____

Authorization (must be different from the preparer)

Name _____ **Signature** _____ Date _____

Title _____ Email address _____ Phone Number _____

Finance Division Use

Processed by: _____

Date: _____

Submit completed form to Accounts Payable
 at ap-supplier@andrew.cmu.edu.