

UNIVERSITY OF LOUISVILLE WIRE TRANSFER REQUEST

(Do not use this form for any payment that can be paid by check/ACH through Accounts Payable)

<input type="checkbox"/>	P.O. Not Required	<input type="checkbox"/>	P.O. Required - PO# <input style="width: 100%;" type="text"/>	Date: <input style="width: 100%;" type="text"/>
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Department Name	Department Contact	Email	Phone

Vendor or Payee Name	Vendor #	Address

Description of Goods or Services To Be Purchased:

Enter amount in wire type you are requesting:

Domestic <i>(Inside the U.S.)</i>	International <i>(Outside the U.S. / U.S. Dollars)</i>	FX (Foreign Currency) Amount & Currency Type
\$	\$	

Beneficiary Bank Information:

ABA / SWIFT OR BIC TRANSIT #	BANK NAME & ADDRESS	BANK ACCOUNT # / IBAN SORT CODE (if applicable)	EXACT NAME ON BANK ACCOUNT

Intermediary Bank Information (if applicable):

ABA / SWIFT / BIC	BANK NAME & ADDRESS	INSTRUCTIONS

Specific Information to Include in Wire Reference for Beneficiary:

N/A IF PURCHASE ORDER IS REQUIRED		
<i>(Do not enter amount if FX wire. Treasury will enter settled amount.)</i>		
SPEEDTYPE	ACCOUNT	AMOUNT
		TOTAL

Authorized Printed Name	Authorized Signature	Title
Supervisor Printed Name	Supervisor Signature	Title

Send completed signed original to Controller's Office / Treasury Management.

Controller's Office Use Only

Wire # _____ Effective: _____ \$ _____