

WIRE REQUEST

Date _____

Payee: _____

Payee Address: _____

Bank Routing/Swift/BIC: _____ Bank Account/IBAN: _____

Bank Name: _____ Bank Address: _____

Currency: _____

Is the payee or beneficiary of this payment a U.S. Citizen or Permanent Resident Alien?

Yes No Don't Know

(If Yes, there is no change to current procedures; if No or Don't Know, provide the payee with a Tax Compliance Notification Sheet (TCNS) and a W-9*. When the completed form(s) are returned to you, attach the form to the check request and supporting documents. Forward the entire packet to Accounts Payable.)

Gross Up: Yes No Is this compensation for services? Yes No

(If yes, and payee is an employee, please process through payroll.)

Is this for reimbursement for expenses for an employee? Yes No

(If yes, please use Employee Expense Reimbursement Form)

Fund	Organization	Account	Activity	Amount	Description
Date to be processed: _____				Total :	Approval by Dept. Head: _____

*See Business Office website for forms