

## **Wire Payment Request**

BUDGET YEAR		DATE REQUIRED		SUPPLIER NUMBER			VOUCHER NUMBER		
MAKE CHECK PAYABLE TO (NEW SUPPLIER - ATTACH W-9 FORM)							NON-RESIDENT ALIE	N Y	/ES
SUPPLIER CONTACT NUMBER				SUPPLIER EMAIL .					
PAYEE ACCOUNT NAME				PAYEE ACCOUNT NUMBER					
PAYEE ADDRESS				(IBAN required for European bank)					
BANK NAME				BANK ADDRESS					
DOMESTIC WIRE-BANK ID				INTERMEDIARY INFORMATION (if available)					
				BANK NAME					
INTERNATIONAL WIRE-BANK ID (Swift Code)				BANK ID					
INVOICE DAT	TE INVOICE NO./DESCRIF	PTION OF CHARGE	ACCOUNT	FUND	DEPT ID	PROGRAM	PROJ/GRANT	CLASS	AMOUNT
PREPARED BY			EXT.	DATE TOTAL		TOTAL	L PAYMENT		
APPROVAL SIGNATURE									
APPROVAL PRINTED NAME			EXT.	DATE					
ACCOUNTS PAYABLE	USE ONLY		1			<u> </u>			
ENTERED BY									
DATE									