

Wire Payment Request

BUDGET YEAR			DATE REQUIRED		SUPPLIER NUMBER (REQUIRED PRIOR TO SUBMITTING WIRE REQUES			VOUCHER NUMBER		
MAKE CHECK PAYABLE TO (NEW SUPPLIER - CONTACT SUPPLIER@CHAPMAN.EDU)								PERMANENT US RESIDENT YES NO (FOR TAX PURPOSES ONLY)		
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 INF	ORMATION (if availa	ble)			
INTERNATIONAL WIRE-BANK ID (Swift Code)					BANK NAME					
					BANK ID					
	INVOICE DATE	INVOICE NO./DESCRIP	TION OF CHARGE	ACCOUNT	FUND	DEPT ID	PROGRAM	PROJ/GRANT	CLASS	AMOUNT
	PROVIDE BUSINESS PURPOSE BELOW:									
	FS USE ONLY	CA TAX WITHHOLDING AMOUN	T (IF APPLICABLE)							
	FS USE ONLY	FED TAX WITHHOLDING AMOU	NT (IF APPLICABLE)							
				EXT.	DATE TOTAL F		TOTAL PA	YMENT		
APPROVED BY (PRINTED NAME)										
APPROVED BY (SIGNATURE)				EXT.	DATE					