UNIVERSITY OF CALIFORNIA RIVERSIDE

WIRE TRANSFER REQUEST

Guidelines for Wire Requests:

Wire requests should be used for payments requiring special handling that cannot otherwise be paid via check or Pcard. **Please attach banking instructions received from payee/beneficiary.** This form is to be completed by the UCR department requesting the wire. Please have individual beneficiaries complete the "Wire Transfer Information" form. Please contact Colleen Campbell (colleen.campbell@ucr.edu) from Treasury team if additional information is needed. For questions regarding wire payment related Invoices, POs, ePays, please contact Dorthea Ford (dorthea.ford@ucr.edu) from Accounts Payable team.

Today's Date:				
Account Holder Name (Beneficiary/Payee) MUST match Oracle				
Supplier Record name:				
Account Holder's Address 1:				
Account Holder's Address 2:				
Bank Name:				
Bank Address:				
Account Number:				
SWIFT Code (Required only if sending payment outside the U.S.):				
ABA # (Required only if sending payment within the U.S.)				
Domestic wires require exceptional approval from the				
Accounting Office – Treasury Team:				
IBAN #, CLABE #, INFSC local routing code, or other country				
specific code, if applicable:				
U.S. Dollar Amount:				
Currency to be Paid to Beneficiary if other than USD (e.g., EUR,				
INR, GBR, etc.):				
(Amount on invoice/PO must be in USD, amount can then be sent in foreign				
currency to the equivalent of amount in USD at the time of transfer)				
Information to be transmitted with wire / Purpose of Wire/ Invoice Number or any information requested by beneficiary:				

Intermediary Bank (Required if account holder's bank does not receive wires directly)				
Intermediary Bank Name:				
SWIFT Code:				
Account Number at Intermediary Bank (if applicable):				
Bank Address:				

Associated Payment Request ID # (PO Invoice #, ePay ID, or Concur Report #):

PLEASE ATTACH SUPPORTING DOCUMENTATION (e.g., exceptional approval email, relevant correspondence with payee, etc.)

DEPARTMENTAL APPROVAL (authorized signature)						
Wire Request Prepared by (please print name)	:	Phone Number:				
		Email:				
Wire Payment Authorized by (please print name):		Signature:				
		Date:				
ACCOUNTING OFFICE USE ONLY:						
Initiated by:	Date:	Audited by (AP):		Date:		
		Wire over \$100K,				
Approved by:	Date:	Approved by:		Date:		