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:
Approved by:	Date:	Wire over $100K, Approved by:	Date: