

WIRE TRANSFER REQUEST FORM

This form will be used to process payment by wire to foreign vendors, tax remittances and when no other source of payment is accepted. All information requested is mandatory. Delays may occur if any pertinent information is missing.

Section 1 - Department Information	
Date: _____	
Requester: _____	Telephone: _____ Email: _____
PO Amount: _____	Currency: _____
Purchase Order #: _____	Receiving #: _____
Purpose of Wire Payment:	

Section 2 - Vendor Information	
Vendor Name: _____	Banner ID#: _____
Vendor Address: _____	City: _____
Province/State: _____	Postal/Zip Code: _____ Country: _____
Vendor Invoice #: _____	Invoice Amount: _____ Type of Currency: _____

Section 3 - Banking Information	
Bank Name: _____	
Bank Address: _____	City: _____
Province/State: _____	Postal/Zip Code: _____ Country: _____
IBAN/Bank Account Number: _____	
Swift/BIC Code: _____	Routing Code or ABA Number: _____

Section 4 - Authorization		
_____	_____	_____
Department Head (Print Name)	Department Head (Signature)	Date
_____	_____	_____
Accounting Services Approval (Print Name)	Accounting Services Approval (Signature)	Date

Email Wire transfer form and supporting documentation to invoices@rowan.edu subject line: Wire Payment
If there are any questions, please contact Accounts Payable at 856-256-4115.

DO NOT WRITE BELOW THIS LINE - FOR ROWAN UNIVERSITY AP USE ONLY

Section 5 - AP Vendor Confirmation	
AP Staff Name: _____	Approver: _____
Date/Time: _____	Telephone: _____ Contact: _____