Treasury 1851 N. Research Drive Bowling Green, Ohio 43403 controller@bgsu.edu Updated June 25, 2024

Request for International Wire Transfer

Department Name:			Date:			
Requester Name:			Requester Phone Number:			
Requester Email:			Withdrawal Date:			
O International W	/ire – USD	\subset	International Wire – Foreign Currency			
Payee Information:			Bank Information:			
IBAN*:			SWIFT BIC*:			
Name*:			Bank Name*: Address 1*: Address 2:			
Address 1*:						
Address 2:						
Address 3:			Address 3:			
* = Required Field						
Fund	Department	Grant/Project	Account Number	Program Code	Wire Amount	
A \$50 fee is applie Wire Purpose/Specia			To	otal Amount to Wire		
Requester Signature, n	reauired		 Budget Adminis	trator/P.I. Signature, rec	auired	
	- 4-		= 		4	
Grant Analyst Signature, if applicable						
			Purchasing (KR),	, required Accoun	nts Payable (TB), required	
Senior Administrator, i	if applicable			required Accoun	nts Payable (TB), required	
Senior Administrator, i	if applicable		quired Provost Signatu demic Affairs			
Controller, required	if applicable OTES (Assign Text Box to Bob	SS, req. The above By signing	quired Provost Signatu demic Affairs	are, if applicable ce & Administration, requesting the above payner certifies that the good	quired nent be made.	