



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: \_\_\_\_\_

International Wire - USD

International Wire - Foreign Currency \_\_\_\_\_

Payee Information:

IBAN\*: \_\_\_\_\_

Name\*: \_\_\_\_\_

Address 1\*: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 3: \_\_\_\_\_

Bank Information:

SWIFT BIC\*: \_\_\_\_\_

Bank Name\*: \_\_\_\_\_

Address 1\*: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 3: \_\_\_\_\_

\* = Required Field

Table with 6 columns: Fund, Department, Grant/Project, Account Number, Program Code, Wire Amount

A \$50 fee is applied to all wires

Total Amount to Wire

Wire Purpose/Special Instructions:

Large empty text box for wire purpose and special instructions.

Requester Signature, required

Budget Administrator/P.I. Signature, required

Grant Analyst Signature, if applicable

Purchasing (KR), required

Accounts Payable (TB), required

Senior Administrator, if applicable

HC, required if Academic Affairs

Provost Signature, if applicable

Controller, required

SS, required

CFO/VP Finance & Administration, required

CONTROLLER OFFICE NOTES (Assign Text Box to Bob Swanson):

The above-named requester is requesting the above payment be made. By signing this form, the requester certifies that the good or service has been received or will be received upon payment. Proper supporting documentation must be attached to this request.