

ORG Date (MMYY)

WTD
Sequential # ↑

DOMESTIC WIRE TRANSFER PAYMENT REQUEST



NOTE: Outgoing wire requests **must be** accompanied by a copy of one of the following documents: an invoice, registration form, receipts or some other source document that is created by or received from an entity not associated with the University of Utah. Insufficient backup documentation will delay the payment process.

SEND TO:
Email to wiretransfers@utah.edu
If hand delivery:
Accounts Payable: 201 S. PRESIDENTS CIR, RM 145 (Campus Loc: Park/145)

Domestic wires are only processed if the payment needs to be expedited on the day of the request. Otherwise, domestic electronic fund transfers (EFT's, i.e. Wires) must be submitted to Accounts Payable on a Payment Request and paid as a Direct Deposit (also known as an ACH transaction). More information can be found at: <http://fbs.admin.utah.edu/accounts payable/payment/deposit/>. Please contact Accounts Payable (801) 581-6976 if you have other concerns or questions.

BANK PAYMENT INFO.	BENEFICIARY BANK ACCOUNT NAME		DATE
	BENEFICIARY EMAIL	BENEFICIARY TELEPHONE	NAME & EMPLOYEE ID (uNID)
	PLEASE ATTACH BANKING INFORMATION ON A SEPARATE SHEET, EITHER BY INVOICE OR FROM THE BENEFICIARY. THE PROCESSING DEPARTMENTS ARE NOT RESPONSIBLE FOR SENDING FUNDS BASED ON INCORRECT BANKING INFORMATION.		EMAIL
	WHY IS A WIRE TRANSFER REQUIRED OVER AN ACH (DIRECT DEPOSIT) TRANSACTION?		DEPARTMENT NAME
	PURPOSE		CAMPUS ADDRESS
ACCOUNTS PAYABLE VENDOR INFORMATION			PHONE

FEE/CHARTFIELD	BU	ORG	FUND	ACTIVITY	PROJECT	ACCOUNT	A/U	AMOUNT (US Dollars only)
						64000	1	20.00
	01	00345	2200	05984		64003	1	-20.00
	01		9999			10015	Total	CREDIT

DEPT APPROVALS	Authorized Signors: An Account Executive/PI (or Authorized Alternate) with the responsibility to approve and commit University funds must review and sign this form. Exceptions to University policy require approval by the appropriate Vice President.	
	Original signature of an authorized signor on the above chartfields	Type or Print Signor's Name, Title Employee ID (uNID) and eMail Address
	Date	
	Original signature for exceptions:	Type or Print Signor's Name, Title Employee ID (uNID) and eMail Address
	Date	

Certification: We certify that we have reviewed claims associated with this payment request, have found them in compliance with University's Regulations, any applicable laws and external regulations and any sponsoring agencies funding these activities or projects. We hereby authorize payment and attest to the truth of the statement herein.

Please have the appropriate department below pre-approve your transaction if necessary.

TAX SERVICES	PURCHASING DEPARTMENT	GRANTS AND CONTRACTS ACCOUNTING
	PURCHASE ORDER NUMBER:	