ORG Date (MMYY)

WTI

Sequential #

INTERNATIONAL WIRE TRANSFER PAYMENT REQUEST

THE UNIVERSITY OF UTAH

NOTE: Outgoing wire requests **must be** accompanied by a copy 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.

SEND TO:

Email to **wiretransfers@utah.edu**

If hand delivery:

Accounts Payable: 201 S. PRESIDENTS CIR, RM 145 (Campus Loc: Park/145)

Print Form **Reset Form**

The University cannot indicate when a wire transfer will be credited to a beneficiary's bank account. *Recipient banks will levy handling fees* for the processing of wire transfers resulting in the *beneficiary's account possibly not receiving the full amount that was originally sent*. If by chance, the receiving bank will not accept funds because of insufficient or incorrect information, a processing fee is normally charged and/or currency conversions against the returned funds. The University's bank does not charge a fee from the funds being sent or returned.

BANK PAYMENT INFO.			
BENEFICIARY BANK ACCOUNT NAME		BENEFICIARY EMAIL	
BENEFICIARY TELEPHONE #	BENEFICIARY CITY	COUNTRY	
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.			
CURRENCY TYPE	CURRENCY AMOUNT	PO NUMBER	
PURPOSE			
ACCOUNTS PAYABLE VENDOR INFORMATION		WORK DONE OUTSIDE OF COUNTRY	

PREPARER\CONTACT	
DATE	
NAME & EMPLOYEE ID (uNID)	
EMAIL	
DEPARTMENT NAME	
CAMPUS ADDRESS	
PHONE	

The Investment Management Office will calculate foreign currency conversions.

FEE/CHARTFIELD

BU	ORG	FUND	ACTIVITY	PROJECT	ACCOUNT	A/U	AMOUNT (US Dollars only) Leave this column blank.
01							
01					64000	1	25.00
01	00345	2200	05984		64003	1	-25.00
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