

ALL FIELDS MUST BE COMPLETED EVEN IF THE UNIVERSITY HAS SENT WIRE TRANSFERS TO THIS BENEFICIARY BEFORE

1 Check One: Domestic Wire International Wire

Agency Name: _____ Agency Number: _____

2 Date Transfer to Occur: _____ Agency Account to be Charged: _____

3 Amount of Transfer: _____ Currency (if other than US \$): _____

4 Beneficiary: _____
35 Characters Maximum

5 Beneficiary Account Number (IBAN): _____

6 Beneficiary Street Address: _____
35 Characters Maximum

7 Beneficiary City/State/Country: _____
35 Characters Maximum

8 Beneficiary Bank Name: _____
35 Characters Maximum

9 Beneficiary Bank SWIFT/BIC (International Only): _____
or ABA Routing (Domestic Only)

10 Beneficiary Bank Street Address: _____
35 Characters Maximum

11 Beneficiary Bank City/State/Country: _____
35 Characters Maximum

12 Message for Beneficiary: _____
105 Characters Maximum

13 **Department:** _____
Index or Fund: _____ Account Code: _____

Department Signature: _____ Date: _____

14 Printed Name: _____ Phone: _____

Contact Name: _____ Phone: _____

Business Center Invoice Approver:

15 Approver Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Business Affairs Use Only - Financial Accounting & Analysis Review

16 Signature: _____ Date: _____

Printed Name _____

Instructions

1. **Domestic or International Wire:** Place an "x" in the International Wire box when requesting an international transfer (e.g. a transfer to a bank outside of the US). Place an "x" in the Domestic Wire box when requesting a domestic transfer (e.g. a transfer to a U.S. bank)
2. **Date transfer to occur:** This is the date when the wire will be sent by Oregon State Treasury to the currency broker in the case of international wires, or to the bank in the case of domestic wires. It is not the date the department fills out the form nor when the payee will receive the money.
3. **Amount of Transfer:** Amount billed on the invoice. Payment amount listed on the Wire Transfer Non-Recurring Request form must be in the same currency type and amount as the invoice.
Currency: Currency type to be paid to the beneficiary. This must be the same currency type as the invoice.
4. **Beneficiary:** The beneficiary's/ vendor's account name as registered with the bank. This name must match the beneficiary's/ vendor's banking instructions EXACTLY. If the name cannot be matched with the account number the wire will not go through.
5. **Beneficiary Account Number:** International Bank Account Number (IBAN). Mandatory for all transfers to European Economic Area countries. Each country's IBAN has a different number of characters (i.e.: UK - 22 characters; France -27 characters). Wires to Mexico will have a CLABE number. All other countries will have varying numbers of characters in their account numbers.
6. **Beneficiary Street Address:** Beneficiary's/ vendor's address as registered with the bank. This address must match the bank's records or the wire will not go through. It will be put on hold /or returned by Western Union.
7. **Beneficiary City/Country:** Needs to match the beneficiary's bank's records.
8. **Beneficiary Bank Name:** The beneficiary's/vendor's bank receiving the wire payment.
9. **Beneficiary Bank SWIFT/BIC (International Only):** Society for the Worldwide Interbank Financial Telecommunication (SWIFT) sometimes also referred to as the Bank Identifier Code (BIC) can be 8 or 11 characters long. This code is mandatory for all international wires!
or ABA routing (Domestic Only): American Bankers Association (ABA) is a 9 digit number also known as a Routing number or Transit number. The ABA is mandatory for all domestic wires.
10. **Beneficiary Bank Street Address:** The street address of the beneficiary's/ vendors bank. This address needs to match the Bank account number.
11. **Beneficiary Bank City/State/Country:** The beneficiary's/vendor's bank location in which the beneficiary's/ vendor's bank resides. For international wires only "City" and "Country" are required and for domestic wires only "City" and "State" are required.
12. **Message for Beneficiary:** Information so the beneficiary/ vendor can identify the payment e.g. invoice number, any description of what the payment is for (travel, publishing fees, equipment, lab supplies, etc.)
13. **Department:** Name of the department requesting the wire transfer
Index or Fund: Departments index number or fund number.
Account Code: Departments accounting code, activity code if applicable.
14. **Department Signature:** Preparer's signature.
Date: Date the preparer completes and signs the "Wire Transfer Non-Recurring Request" form
Printed Name: Authorized preparer, must be an OSU employee.
Phone: Phone number of the preparer.
Contact Name: Contact within the department if other than preparer.
Phone: Phone number of contact if other than preparer.
15. **Approver Signature:** Authorized approver's signature. Cannot be the same person as preparer.
Date: The date the approver signature was given
Printed Name: Business center invoice approver's name. Must be authorized to approve invoices. Must be other than requestor.
16. **This section is for OSU Business Affairs use only.**