



Case Western Reserve University
Request for Domestic Bank Wire Transfer

Forward Original To: General Accounting Department
3rd Floor BioEnterprise
Location: 7006

Requestor: _____ Ext.: _____ Dept.: _____

Email: _____ Fax: _____

Date Requested: _____ Date Needed: _____

Amount: _____

Bank Name: _____

City, State: _____

Beneficiary Account Name (Payable To): _____

Beneficiary Account Number: _____

Bank ABA#: _____ - _____ - _____

Reference/Description: _____

SpeedType to be charged: _____ Account: _____

Requestor Signature: _____ Date: _____

Department Approval: _____ Date: _____

Print Name of Department Approval: _____ Date: _____

Travel/Equipment Acctg Approval: _____ Date: _____

Print name of Travel/Equip. Acctg Approval: _____ Date: _____

Contracts/Grants Acctg Approval: _____ Date: _____

Print name of Contracts/Grants Acctg Approval: _____ Date: _____

Guidelines for wire transfers:

Due to the substantial cost and manual processing of wire transfers, the following guidelines have been established.

- 1) Wire transfers must be a required form of payment. If checks, credit cards or foreign drafts are acceptable, they must be utilized.
2) Wire amount should be no less than \$2,500.00.
3) All fields on this form must be thoroughly completed or it will be returned.
4) Account 534000's, 536200, and 536250 must also be approved by Travel/Equipment Accounting.
5) Documentation of the expenditure must be attached (i.e. Requisition, P.O., Receipts, Invoices, Registration forms, etc.)
6) Requests must be received at least 10 business days prior to wire due date.
7) If a wire transfer is being requested and does not comply with the above guidelines, please include an explanation in the space below with the Department Head Approval:

