

Required information: *G/L account coding, Amount and Currency, Beneficiary Name and Address, Beneficiary Account # (If the fund is transferred to European banks, the account # is the same as IBAN), Bank Name and Address, Bank ID (SWIFT is required for all international wire payment; Other bank ID types can be entered if indicated on the invoice).

* Budget Holder approval (must adhere to Signing Authority Policy). Completed form and backup (invoices) should be sent to: finops@ontariotechu.ca

DATE: _____

REASON FOR WIRE REQUEST: _____

FUNDING BANK ACCOUNT: _____

AMOUNT REQUIRED: _____

CURRENCY: _____

GL Allocation

FUND	ORG	GL ACCOUNT	ACTIVITY	AMOUNT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BENEFICIARY INFORMATION

Beneficiary Name (ie. Account Name, Note: *this field is limited to 35 characters*):

Beneficiary Address (include full address: Street, City, State/Province/Territory, Country):

Street: _____

City: _____ Province: _____

Country: _____ Postal Code: _____

Beneficiary Account # (or IBAN #-Europe only):

Additional Information to Include: _____

BENEFICIARY BANKING INFORMATION

Bank Name:

Bank Address (include full address: Street, City, State/Province/Territory, Country)

Street: _____

City: _____ Province: _____

Country: _____ Postal Code: _____

Bank ID

SWIFT	CHIPS	FED	CC	ABA	OTHERS
_____	_____	_____	_____	_____	_____

WIRE TRANSFER APPROVAL

Prepared by: _____ Date: _____

Budget holder approval: _____ Date: _____

Budget holder: Please forward completed and duly signed Wire Transfer request to Financial Operations at: finops@ontariotechu.ca

Financial operations approval: _____ Date: _____

WIRE TRANSFER PROCESSING

Initiated by: _____ Date: _____

Released by: _____ Date: _____