

Case Western Reserve University Request for Domestic Bank Wire Transfer Email completed form to: wirerequests@case.edu

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:		
		Account:
Requestor (Signature)		Date:
Department Approval: (sign & print name)		Date:
Travel/Equip Acctg Approval: (sign & print n	ame):	Date:
OSPA Approval: (sign & print name):		Date:
A/P Approval (sign & print name):		Date:
licies and Procedures for wire tra ue to the substantial cost and manual processin	ng of wire transfers, the following	
Wire transfer amounts should be no less than \$2,500.00.		, pport documentation.
All fields on the form must be completed or it will be returned to r	•	shoot Kuusto in Traval Consisso Conso Hall 242 Jacobing and 7075
). If the account number to be charged is 534100,534200, 534250, 53. . If account number is 536200 and 536250, it must be approved by B	· · · · · · · · · · · · · · · · · · ·	
	9	<u>storess.com</u> Join Trail in Sponsored Projects Accounting, Nord Hall 6th floor, location code 7
Documentation of the expenditure must be attached (i.e. requisiting		
 Documentation of the expenditure must be attached (i.e. requisiting) Requests must be received AT LEAST 10 business days prior to with 		