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

Requestor: E	Ext Dept.:
Email:	Fax:
Date Requested:	Date Needed:
Type of currency:	Amount:
	ficiary's bank or invoice that includes all the followir
(please check boxes to confirm):	wefficient Account Name
	neficiary Account Name □Beneficiary Address
☐ Beneficiary IBAN# or Account Num	ber □Bank SWIFT#
Refence/Description:	
OO#: Sneedtyne:	Account:
Requestor (signature):	Date:
Department Approval: (sign & print name):	Date:
ravel/Equip Acctg Approval: (sign & print name):	Date:
OSPA Approval: (sign & print name):	Date:
/P Approval: (sign & print name):	Date:
ue to the substantial cost and manual processing o	f wire transfers, the following policies have been established:
re transfers must be the only method of payment the vendor will accept.	This is normally indicated on the support documentation.
fields on the form must be completed or it will be returned to the requestor	
	534500, it must be approved by Michael Kurutz in Travel Services, Sears Hall 212, location code 7075.
	er is 533800, it must be approved by Angela Tagliaferri or Joel Morales in Sponsored Projects Accounting, Nord Hall
	eipts, invoices, registration forms, etc.)
or, location code 7037. cumentation of the expenditure must be attached (i.e. purchase order, reco quests must be received AT LEAST 10 business days prior to the wire due	