

Wire Request Procedures

- Wire transfers must be the only method of payment the vendor will accept. This is normally indicated on the support documentation.
- All fields on the form must be completed or it will be returned to the requestor.
- **The requestor must route the wire request package for approvals based on the speedtype and/or account number to be charged:**
 - If the account number to be charged is 534100, 534200, 534250, 534260 or 534500, it must be approved by Michael Kurutz - mjk160@case.edu in Travel Services
 - If the account number is 536200 or 536250, it must be approved by Equipment Accounting - controller-equipment@case.edu.
 - If the speedtype begins with SPC, TRN, RES, CSR, ADV and/or account number is 533800, it must be approved by Kevin Dwenger kxd162@case.edu or Joel Morales jcm215@case.edu in Research Administration
 - All wires must receive final approval from A/P by emailing acctpay@case.edu A/P will then send the wire request package to the Treasurer's Office for wire processing.
 - The Treasurer's Office will notify the requestor after the wire has been sent
- Documentation of the expenditure must be attached (i.e. purchase order, receipts, invoices, registration forms, etc.)
- Requests must be received AT LEAST 10 business days prior to the wire due date.
- If the wire transfer does not comply with the above policies and procedures, please include an explanation in the space provided with the Department Head approval.



Case Western Reserve University
Request for Domestic Bank Wire Transfer

Requestor: _____ Ext.: _____ Dept.: _____

Email: _____ Fax: _____

Date Requested: _____ Date Needed: _____

Beneficiary Name _____ Amount: \$ _____

Attached letter from beneficiary's bank or invoice that includes all the following (please check off boxes to confirm):

Bank Name **Bank Address** **Beneficiary Account Name** **Beneficiary Address**

Beneficiary Account Number **Bank ABA#**

Reference/Description: _____

PO#: _____ Speedtype: _____ Account: _____

Requestor (signature): _____ Date: _____

Department Approval: (sign & print name): _____ Date: _____

Travel Acctg Approval: (sign & print name): _____ Date: _____

Equip Acctg Approval: (sign & print name): _____ Date: _____

Research Admin Approval: (sign & print name): _____ Date: _____

A/P Approval: (sign & print name): _____ Date: _____