

CONTROLLER'S OFFICE  
USE ONLY

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

INITIALS \_\_\_\_\_

**SC STATE UNIVERSITY WIRE REQUEST FORM**

**PLEASE TYPE FORM**  
*(Forms that are not typed will not be processed)*

<b>Receiving Bank ID (if applicable)</b>	
ABA # or _____	Bank Name _____
SWIFT Code _____	Bank Address: _____
<b>Beneficiary Bank ID:</b>	
ABA # or _____	Bank Name _____
SWIFT Code _____	Bank Address: _____
<b>Beneficiary Account #</b> _____	<b>Beneficiary Name:</b> _____
	<b>Beneficiary Address:</b> _____
<b>Total Amount of Wire:</b> \$ _____	

**PURPOSE OF THIS WIRE (attach documentation and invoices):** \_\_\_\_\_

\_\_\_\_\_

Check here if reimbursement is for an activity conducted outside of US

Name of Country: \_\_\_\_\_

*If activity was conducted outside of US, check one of the following that best describes the activity:*

- Conference     Research     Site Visit                       Other: describe \_\_\_\_\_  
 Community service     Extra-curricular

**ACCOUNTING INFORMATION (FOAPAL #)**

# INDICATE YOUR DEPARTMENT'S INDEX No. AND EXPENSE ACCOUNT TO BE CHARGED FOR WIRE TRANSFER

INDEX	ACCOUNT	AMOUNT
	<b>PO #</b>	
	<b>TOTAL AMOUNT</b>	\$ _____ -

Accounts Payable Use Only!	
Amount Available on P.O.	
Invoice Amount	
Initials	

**Print Name of Authorized Signer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_