

**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)*

Receiving Bank ID (if applicable)

ABA # or \_\_\_\_\_

Bank Name \_\_\_\_\_

SWIFT Code \_\_\_\_\_

Bank Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Beneficiary Bank ID:

ABA # or \_\_\_\_\_

Bank Name \_\_\_\_\_

SWIFT Code \_\_\_\_\_

Bank Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Beneficiary  
Account # \_\_\_\_\_

Beneficiary  
Name: \_\_\_\_\_

Beneficiary  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Amount of Wire: \$ \_\_\_\_\_

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: \_\_\_\_\_