



### PAYROLL FOREIGN WIRE REQUEST

*\*This form should only be used when requesting payment to a payee with a foreign bank. Use a Direct Deposit Authorization form for payments to domestic banks.*

#### Department Requesting This Payment

Department Name:		Contact Person:	
Today's Date:		Phone:	
Pay by Date:		Email:	

#### Payee Information

OMNI EmpID :  Legal Name :

Address

City  State  Zip code

#### Distribution Information

Amount (USD)	Dept.	Fund	Project
	<b>Total Amount</b>		

#### Justification for Foreign Payment (Please be specific)

#### Departmental Approval

Department Head/Budget Manager (print):

Department Head/Budget Manager (sign): \_\_\_\_\_ Date: \_\_\_\_\_

FSU Foundation/Sponsored Research: \_\_\_\_\_ Date: \_\_\_\_\_

#### Electronic Wire Transfer

Bank Name	
Bank Address	
Swift Code/BIC Code	
IBAN # or CLABE#	
Payee's Acct.	
Name on Acct.	
Payee's Signature	
Amount/USD	

#### To be completed by Controller's Office Staff Only

Wire Payment Account Specialist/OFAC Review: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Associate / Assistant Controller Review: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Payment Account Specialist Review: \_\_\_\_\_ Date: \_\_\_\_\_

Treasury Management Assistant Controller: \_\_\_\_\_ Date: \_\_\_\_\_

Controller Review: \_\_\_\_\_ Date: \_\_\_\_\_