



FOREIGN VENDOR PAYMENT REQUEST

**This form should only be used when requesting payment to a vendor located outside of the United States. Domestic wire requests will be considered on a case by case basis.*

Department Requesting This Payment

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

Payee Information

Traveler/Vendor ID : Traveler/Vendor Name :

Distribution Information

Purchase Order Info: P.O. #: Receipt #: Invoice #:

Other (Non-PO) Distribution Information: Exp. Report #: Close out PO? Yes No

	Dept.	Fund	Project	Account Code	Chartfield 1*	Chartfield 2*	Chartfield 3*	Activity ID**	Resource Type*	Resource Category***	Sub Category***	Asset
Total Amount	*Optional **Required for Projects only ***Optional for Projects											

Justification for Foreign Payment (Please be specific)

Departmental Approval

Department Head/Budget Manager (print):

Department Head/Budget Manager (sign): _____ Date: _____

Foreign Payment Processing Type

Electronic Wire Transfer

Bank Name	IBAN #	
Bank Address	Payee's Acct.	
Swift Code	Name on Acct.	
Amount/Currency		

To be completed by Controller's Office Staff Only

Foundation Review: _____ Date: _____

Wire Payment Account Specialist/OFAC Review: _____ Date: _____

Voucher ID(s): _____

Payables and Disbursements Associate Controller Review: _____ Date: _____

Bank Payment Account Specialist Review: _____ Date: _____

Treasury Management Assistant Controller: _____ Date: _____

Controller Review: _____ Date: _____