



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
	Total Amount		

Justification for Foreign Payment (Please be specific)

Departmental Approval

Department Head/Budget Manager (print):

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

FSU Foundation/Research Foundation/Sponsored Research: _____ Date: _____

Electronic Wire Transfer

Bank Name	
Bank Address	
Swift Code/BIC Code	
IBAN #	
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: _____