



Accounting Office

WIRE REQUEST FORM

Overview

Payments made by wire are handled by the UW Accounting Office. Domestic wires are usually an exception. We request that, if the supplier has a U.S. Bank account, it be set up via ACH and contact suppliers@uwyo.edu. For additional information, including the required documentation, please see the [Foreign Wire Payments QRG](#).

General Instructions

- Allow 1–2 weeks for processing time.
- Submit this completed form and required documentation to uwaccts@uwyo.edu with the subject line “Foreign Wire Request” and the date of your request. Please do not fill out section under "Accounting Office Only".
- Do NOT send PO invoices to Accounts Payable.
- Ensure the supplier is set up for wire payments.
- Receive PO amount in WyoCloud if applicable.

Requester Information

Requester Name	
Request Date	
Department	
Email	
Phone	

Payment Information

☐ Purchase Order or ☐ Non-PO Invoice

Due Date	
Invoice Number	
Currency Type	
Payment Amount	
Accounting String (for Wire Fees)	

Beneficiary Information

Beneficiary/Account Name	
Beneficiary Address (Cannot Be PO Box)	
Beneficiary Phone	

International Bank Information

Bank Name	
Physical Bank Address (Cannot Be PO Box)	
SWIFT/BIC	
IBAN (International Bank Account Number)	
Secondary Account Number (if applicable)	
Transit Number (Canada Only)	

***If the foreign bank has an intermediary US bank, please send that bank information along with this completed form.**

Additional Country-Specific Banking Information (Complete if Applicable)

Australia – 6-Digit BSB Code	
Central & South America – Individual Name	
Central & South America – Phone Number	
India – 11-Digit IFSC Routing Code	
India – Remitter/Beneficiary Relationship	
Jamaica – 5-Digit Branch Transit Number	
Mexico – 18-Digit CLABE	
New Zealand – 6-Digit Routing Code	
Pacific Rim/Oceania – Individual Name	
Pacific Rim/Oceania – Phone Number	
Peru (20 digit CCI number)	
Peru – Beneficiary's Tax ID Number	

-----Accounting Office Only-----

FIB Account Number	
Wire Fee	
Total Wire	

☐ **Check if Recurring Wire**

Authorized Accounting Signature: _____ Date: _____

Accounting Approval: _____ Date: _____