RIT Controller

ROCHESTER INSTITUTE OF TECHNOLOGY
WIRE PAYMENT REQUEST FORM

Date Requested	Date Due	Wire Amount	Currency

Swift Code – (International - Required) ABA Routing # - (Within United States)

IBAN # (International – Required) Bank Account # - (Within United States)

Bank Name and Address

Name of Payee		Reference (Invoice #, PO #, etc.)
Vendor Number:		

General Ledger Account Number(s)	Description	Amount(s)

Requestor's Name	Extension	Requestor's Signature	Date

Approver's Name	Extension	Approver's Signature	Date

Wire Transfers $50,000 and Over:

First Signature	Date	Second Signature	Date

---------- *Internal Office Use Only* ----------

Approver's Signature Verified	Entered in Oracle	Entered in OnBase	Workflow Approved

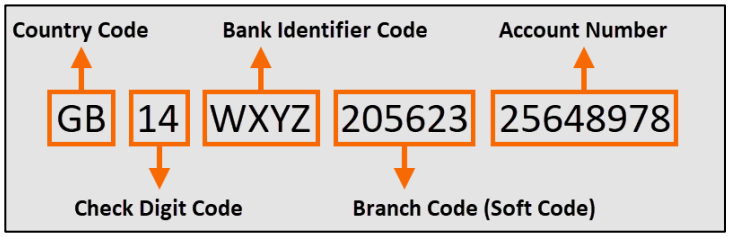
Approval Signature: _____

Revised November 2024

Instructions for Completing the Wire Payment Form

Forward the completed form with the appropriate documentation to **Accounts Payable** (accpay@rit.edu) for processing. **Documentation requirements:** Original receipts are required for all reimbursements. Please include a memo of explanation when requesting advance payments or other items for which there are no receipts or a supplier invoice.

1. **Date Requested –** Enter the date this form is being prepared.
2. **Date Due –** Enter the date by which the invoice should be paid according the supplier's terms. RIT's standard payment terms are 30 days from the supplier invoice date. Employee expense reimbursements are processed with payment terms of "immediate." If the supplier offers a discount for early payment, type "DISC" into the **Date Due** field.
3. **Wire Amount –** Enter the dollar amount listed on the invoice (using the same currency). Do **NOT** convert foreign currencies to USD.
4. **Currency –** Enter the currency listed on the invoice. Examples of common currencies include USD, EURO, GBP, etc.
5. **Swift Code –** Enter Swift Code for International payments. Format example: RZBHHR2X.
6. **ABA Routing Number –** Enter ABA Routing Number for USA payments. Format example (nine digits only): 123456789.
7. **IBAN # –** Enter the International Banking Account Number for international payments only. Refer to this format example:



8. **Bank Account # –** Enter the Bank Account number. Format includes between 5-17 digits (no letters or special characters).
9. **Bank Name and Address –** Enter the Bank Name and Address listed on the invoice.
10. **Name of Payee –** Enter the Payee (Beneficiary) name listed on the invoice.
11. **Reference (Invoice #, P.O. #, etc.) –** Enter reference information from the invoice.
12. **Vendor # –** Enter the supplier (vendor) number if known.
13. **General Ledger Account Information:**
    - **General Ledger Account Number(s) –** Enter the GL account number(s) to charge for the expense. If the request is for a travel advance, the amount will be charged to an Institute prepaid account, not to the department's account. When the **Travel Expense Report** is received, the actual expense amount will be charged to the department's account.
    - **Description –** Enter the payment purpose.
    - **Amount(s) –** Enter the amount to be paid.
14. **Requestor's Information:**
    - **Requestor's Name –** Enter the individual's name who is preparing the form.
    - **Extension –** Enter the phone number for the requestor (Accounts Payable will reach out with any follow-up questions).
    - **Requestor's Signature –** The signature of the individual who prepared this form.
    - **Date –** Enter the date this form was completed and signed.
15. **Approver's Information:**
    - **Approver's Name –** Enter the name of the department head or budget authority approver.
    - **Extension –** Enter the phone number for the approver (Accounts Payable will reach out with any follow-up questions).
    - **Approver's Signature –** The signature of the approver.
    - **Date –** Enter the date this form was signed by the approver.
16. **Wire Transfers $50,000 and Over:**
    - **1st Signature and Date –** This box requires an initial signature and date from an Officer on the Banking Resolution.
    - **2nd Signature and Date –** This box requires a second signature and date from an Officer on the Banking Resolution.