



DePaul University

Wire Transfer Request Form

Do not use the Payment Request Form if you are completing a Wire Transfer Request Form

Amount of this request

Type of Currency

Domestic Foreign

Supplier Information

Pay To (Name)

Supplier Registration Status (circle one) New: Submitted Online New: Paper Form Existing: On File

Supplier Registration Email Address

Supplier Address

PO number

University Business Purpose

Wire Information

Beneficiary Bank Name

ABA - Domestic use only (9 digits)

SWIFT ID# of Foreign Bank (8 or 11 digits)

Beneficiary Name on Account

Complete Beneficiary Address

Beneficiary Bank Account # or IBAN#

Wire Description (Invoice info, etc.)

Special Instructions/Intermediary Bank Info

BlueSky Segment Value Distribution

Please use the space below to provide your BlueSky Segment Value Distribution. If splitting between more than one distribution, use line 2 and 3 to provide additional values.

	Fund	Cost Center	Account	Activity	Legal Entity	Program	Line Amount
Line 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10	<input type="text"/>	<input type="text"/>
Line 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10	<input type="text"/>	<input type="text"/>
Line 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10	<input type="text"/>	<input type="text"/>
Total:							<input type="text"/>

BlueSky Project / Grant Distribution

If the expense is to be fully or partially charged to a Project/Grant, provide the following values. These values will be found on the Notice of Grant Award or by contacting RA_Dept@depaul.edu.

Project Number:

Task Number:

Expenditure Type:

Expenditure Organization:

Contract**:

Source**:

Line Amount:

** Grants Only Total:

Department Name:

Authorized Signature

Cost Center Owner / PI:

Date:

FOR INTERNAL USE ONLY	
Accounts Payable Approval	Date
Controller Approval	Date
Controller Approved Alternative	Date
AMOUNT	