WIRE TRANSFER REQUEST

Workday INV: ______________________

ONLY USE THIS FORM IF BANK DETAILS HAVE NOT BEEN PROVIDED BY PAYEE. Please attach this form to the payee request in Workday.

Payment Request Details

REQUIRED

Due Date: ______________________ Supplier#: ______________________

Invoice Number (if available): ______________________

Description of Purchase/Service or Business Purpose (Required): ______________________

Payee Name: ______________________ ☐ 100% of Service performed on Foreign Soil

Payee Address: ______________________

Special Instructions: ______________________

Bank Information for Wire Transfer

REQUIRED FOR WIRE

Payee/Account Holder Name: ______________________

Recipient Account number or IBAN: ______________________

US Bank Routing #/ABA: ______________________

or

International Bank Routing Number (SWIFT/BIC) : ______________________

Bank Name: ______________________

Bank Address: ______________________

Does supplier indicate an intermediate bank is necessary for wire payment? Y ☐ N ☐

Is intermediary bank details noted in the accompanying backup detail? Y ☐ N/A ☐

Account Distribution

REQUIRED

NOTE: GT will always make a payment in the currency noted on the invoice or attached receipts. The recipient's bank will exchange funds, when necessary, to the appropriate local currency.

Total Payment Amount: ______________________ Currency (US, $, Euros, etc.): ______________________ (Type)

Driver Worktag #: ______________________ Spend Category: ______________________ Amount: ______________________

Driver Worktag #: ______________________ Spend Category: ______________________ Amount: ______________________

Driver Worktag #: ______________________ Spend Category: ______________________ Amount: ______________________

*For additional lines-Attach spreadsheet Total: ______________________

Campus Unit Approval

"I certify that I have reviewed this payment and find it compliant with GT procurement policies & procedures. The payment is an appropriate expense to the fund source(s) identified and I herby authorize payment."

Authorized Dept. Approval Signature: ______________________ Date: ______________________

Print Name of Approver: ______________________ Title: ______________________

Supplemental Approval ($3000 +): ______________________ Date: ______________________

Print Name of Approver: ______________________ Title: ______________________

Contact Phone #: ______________________ Date: ______________________

Name: ______________________

Questions?: Submit Service Now Ticket