



### 730.1.1f - International Wire Transfer Form

- Note: Instructions for this form begin on page 3. **All fields with asterisks (\*) are required.**
- Please use a new, typed form for each transaction as bank information changes often. Pre-audit approval is required for all wire transfers.
- Please review the [Wire Fund Transfers](#) page for information on submitting this form.
- Suppliers must be established in the Connect Carolina system.

#### A. UNC Departmental Information

\*Department Name: \_\_\_\_\_ \*Department Contact Email Address: \_\_\_\_\_  
 \*Campus Box Number: \_\_\_\_\_ \*Department Contact Phone Number: \_\_\_\_\_  
 \*Preparer's Name: \_\_\_\_\_ Purchase Order Number: \_\_\_\_\_

\_\_\_\_\_  
 \*Authorization Signature

*To add signature in Adobe Pro, Select "Fill and Sign" from the right hand menu and then select "Sign Yourself" at the top of the page. Drag and drop signature.*

\_\_\_\_\_  
 \*Authorization Date

#### B. Transaction Information

\*Supplier Number: \_\_\_\_\_ \*Supplier Name: \_\_\_\_\_ Payment Description: \_\_\_\_\_

\*Invoice Number: \_\_\_\_\_ \*Invoice Date: \_\_\_\_\_

Invoice Amount (if in USD): \_\_\_\_\_

#### C. Accounting Information

1. *Business Unit	*Fund	*Source	*Account	*Department
_____	_____	_____	_____	_____
Program	Project ID	CC1	CC2	CC3
_____	_____	_____	_____	_____
Allocation %	OR	Amount:	Pre-Audit approval (Central Office only)	
_____	_____	_____	_____	

2. Business Unit	Fund	Source	Account	Department
_____	_____	_____	_____	_____
Program	Project ID	CC1	CC2	CC3
_____	_____	_____	_____	_____
Allocation %	OR	Amount:	Pre-Audit approval (Central Office only)	
_____	_____	_____	_____	

**D. Central Office Information**

P.O. Authorization to Liquidate: \_\_\_\_\_ Date: \_\_\_\_\_

**E. Wire Transfer Information**

Will this be repetitive? (sent more than 2 times): Yes No

\*FULL Beneficiary Bank Account Name:

\*Destination BANK Country:

\*Beneficiary Address:

\*Beneficiary Account Number (IBAN preferred, if available):

\*Beneficiary City:

\*Destination Bank SWIFT/BIC Code:

Beneficiary Postal Code:

Destination Bank Name:

\*Beneficiary Country:

Beneficiary Email:

**\*Credit Currency – USD or specific foreign currency:**

**\*SELECT ONE OF THE FOLLOWING WIRE PAYMENT OPTIONS:**

Credit Amount-if you have the Foreign Currency amount:

Debit Amount-if you have the USD amount:

Sender’s Reference Number - if applicable:

Beneficiary Information- to be sent in the wire:

*Only if Required:*

Intermediary Swift/BIC code:

Intermediary Bank Name:

Receiver Information:

**Additional Notes:**

*If you have questions regarding this form, contact Cash Management at [Cash\\_Management@unc.edu](mailto:Cash_Management@unc.edu)*

## 730.1.1f – INSTRUCTIONS

*All fields marked with asterisks (\*) are required.*

### Section A. UNC Departmental Information

**Department Name:** The name of the department sending the form.

**Department Contact Email Address:** The email address which should receive transaction confirmation from Bank of America CashPro after transaction is executed by Accounting Services. This email is also used to contact the department in the event additional information is needed.

**Campus Box Number:** The four-digit campus box number of the department sending the form.

**Department Contact Phone Number:** The phone number of the departmental contact responsible for the transaction in the event additional information is needed.

**Preparer's Name:** Name of person filling out this form.

**Purchase Order Number:** Required only if the request pertains to a purchase order. Purchase order numbers in Connect Carolina begin with a '2'.

**Authorization Signature and Date:** Name of the individual authorizing the wire and dating the signature of authorization.

### Section B. Transaction Information

**Supplier Number:** the supplier's number from the Connect Carolina supplier system.

**Supplier Name:** the supplier's name as listed in the Connect Carolina supplier system.

**Invoice Number:** If an invoice was provided from the vendor, the original vendor invoice number that the vendor provided to the department.

**Invoice Amount:** Include amount charged on invoice if it is in USD. If the amount is requested in foreign currency, skip this question. Foreign amounts will be detailed in Section C and E.

**Payment Description:** a brief description of the purpose of payment and any other important information.

### Section C. Accounting Information

**Chartfields:** Please provide chartfield numbers for the account that the transaction will be debited to, including: Business Unit, Fund, Source, Account, Department, Program, Project ID, and Cost Code #1, Cost Code #2, and Cost Code #3 where applicable.

**Allocation % OR Amount:** This section is designed for submissions that require payment to be broken into two categories that are applied to two different sources of payment: for example, you receive an invoice that covers both labor and expense reimbursements. If the labor needs to come out of one payment source and the expenses need to come from a different source, two chartfield entry lines are available on this form to specify these details. In this example, the form preparer will use Chartfield 1 entry lines to fill in the chartfield numbers for the account source the labor is to be charged to, and then either specify the *amount* of the total payment to be allotted to this source, or the *percentage* of payment that will be allocated to this source. The preparer will then use Chartfield 2 lines to specify the account source the expenses will be charged to and will either write the final amount of the total that should be charged or the final percentage allocation (can indicate the remainder of the total by filling in "net"). If an *amount* is used in Chartfield 1 line, the second line should also specify *amount*. Likewise, if a *percentage* is used in line 1, a *percentage* should be used in line 2 – the two lines should reflect the total amount to be paid in either exact amounts or percentages. If there is only one payment needed and no breakdown of sources, it is not necessary to fill out the allocation or amount, only the chartfield numbers of the source to be charged and you will only fill in Chartfield 1 numbers, leaving the second Chartfield area blank.

If you have questions regarding this process, contact cash management at [Cash\\_Management@unc.edu](mailto:Cash_Management@unc.edu).

**Pre-Audit approval:** Do NOT fill out these sections – they are for Accounting Services and Central Offices usage only.

## **Section D. Central Office Information**

Is for Central Office processing, do not fill in.

## **Section E. Wire Transfer Information**

**Will This Be repetitive?** For each wire transfer, you will need to submit a new wire transfer form. However, if you anticipate sending out payments to this vendor more than twice (of any payment amount), please select “Yes” as the Cash Management team can save the profile information and expedite future payments.

### **Left Column (Beneficiary Information)**

This information should be of the individual or institution receiving the funding, which will most likely not be the same information as the beneficiary’s bank, except in some rare cases where specified by the supplier.

**Beneficiary Bank Account Name:** The FULL name of the bank account that the individual or institution is receiving the funding into. May differ from the Connect Carolina supplier name.

**Beneficiary Address:** The street address of the beneficiary (P.O. Box if not street address is available).

**Beneficiary City:** City of the beneficiary’s establishment.

**Beneficiary Postal Code:** The postal code of the beneficiary’s establishment.

**Beneficiary Country:** The beneficiary’s country.

### **Right Column (Banking Information and Beneficiary Email Contact)**

**Destination BANK Country:** The beneficiary may work or be located in a country that is other than their banking source. Please ensure you specify the country of the beneficiary’s specific bank.

**Beneficiary Account Number:** The full bank account number of the beneficiary, an IBAN is preferred.

**Destination Bank Swift or BIC Code:** Please provide SWIFT or BIC code of the destination bank.

**Destination Bank Name:** The name of the bank where funds will ultimately be deposited.

**Beneficiary Email:** Not required but appreciated by your supplier. Email address of the beneficiary which will receive transaction confirmation from Bank of America CashPro after transaction is executed by Accounting Services.

### **Credit Currency**

A three-digit code (three capital letters representing the country, such as USD for U.S. dollars or EUR for Euro) indicating the currency that the supplier wishes to be paid in the transaction. Usually, the currency code is VERY clearly marked on the invoice as to which currency is being billed or being requested. The [OANDA currency converter](#) can be used to confirm codes.

### **Wire Transfer Payment Options**

Select either credit amount, if provided amount is in foreign currency, or debit amount, if provided amount is in USD. Include the total amount that will be paid under the appropriate column of payment.

**Sender’s Reference Number:** Internal (UNC) departmental reference number used for tracking purposes.

**Beneficiary Information:** Recipient information to be sent with the wire. This is usually the invoice number and any other information the receiving bank and/or beneficiary will need to apply the funds.

### **Only if Required:**

**Intermediate Swift or BIC Code:** Intermediary information is usually not required. If SPECIFIED in the banking instructions, please provide SWIFT or BIC code of the intermediary bank.

**Intermediary Bank Name:** Name of the intermediary bank of the beneficiary’s bank.

**Receiver Information:** Not used unless an intermediary ACCOUNT number is specified. Highly unusual.

**Additional Notes:** Please provide any other information such as CONTACT NAMES, SORT CODES, AGENCY CODES, or BRANCH CODES here if provided by the beneficiary.