NDSU | ACCOUNTING
DIVISION OF FINANCE AND ADMINISTRATION

Wire Payable Voucher - International Payments

Questions about this form? Please call 701-231-7432

For Accounting Office Use Only:
MANUAL PAYMENT ONLY - DO NOT PRINT CHECK
PS Voucher ID # _____

Required Reference Number: W _____
Enter invoice number here.
If no invoice numbe available, use reference number generator.

Date: _____

IRS Form W-8 Required for All Suppliers Before Payment is Processed.

Recipient Information (Individual/Company receiving funds)

PeopleSoft Vendor ID#: _____

All fields below must be completed for the wire to be processed.

Name on account receiving payment: _____
Address: _____
City/Province: _____ State/Country: _____

Receiving Financial Institution Information

Amount of currency: _____ ◯USD$ ◯Other - Name of the currency _____

Do payment instructions reference a US bank account? ◯Yes - Complete Foreign Bank Information & Domestic Bank Information
◯No - Complete Foreign Bank Information Only

Official wire instructions from receiving bank are REQUIRED for processing and MUST be attached.

Foreign Bank Information

Financial Institution Name: _____
Address: _____
City/Province: _____
State/Country: _____
Swift Code/BIC : _____
IBAN/Account #: _____

Domestic Bank Information

Financial Institution Name: _____
Address: _____
City: _____
State/Country: _____
Routing #: _____
Account #: (if available) _____

Reference info to accompany transfer: _____

Purpose of Wire: _____

DESCRIPTION of GOODS or SERVICES: explanation of payment (department is responsible to keep invoices and other supporting documents on file for five (5) years.)

If the currency requested above is not in USD$, only input the funding information below and leave the amount column blank. The accounting office will convert the "Amount."

Amount - $35.00 is required fee amount	Account	Fund	Dept	Program	Project
	621070				
	Total				

I/we acknowledge receipt of the above stated goods and/or services and request that payment be made in the amount and manner indicated.

Original Authorized Signature **Date**
Print Name: _____
Phone #: _____ Dept #: _____
Dept Name: _____

Additional Original Signature (if required) **Date**
Print Name: _____
Phone #: _____ Dept #: _____
Dept Name: _____

Form Completed By: _____ Phone #: _____

When submitting the form please include the supporting documentation such as an invoice and payment instructions from the supplier. Please refer to the Overview of Payments to Foreign Persons for more information on these payments.

Please print this form.

Route this form to :
Accounting Office
Old Main 11
Phone (701) 231-7432
Fax (701) 231-6194