|  |  |
| --- | --- |
| **Submitted By (Name and Department)** |  |
|  |  |
| **Date Wire Transfer Needed (See Note below)** |  |
| ***Note: Due to strict PMA wire processing guidelines and time needed for documentation preparation, obtaining necessary signatures, successful transmittal to PMA, and their subsequent required verifications, please allow 5-7 business dates at minimum for wire transmissions to process.***  ***\*\* Requester must obtain cost center manager approval signature below. \*\**** | |
| **Brief Description of Requested Wire Transfer** |  |
|  |  |
| **Valid Worktags to Charge (Required to Process)** |  |
| **Spend Category (Account)** |  |
| **Fund** |  |
| **Cost Center** |  |
| **Program** |  |
| **Location** |  |
| **Add’l Worktag** |  |
|  |  |
| **Payable to (Account Name)**  **& Address** |  |
|  |  |
| **Bank Name and Address** |  |
|  |  |
| **Account Number** |  |
|  |  |
| **ABA/Routing Number** |  |
|  |  |
| **Swift Code (If Needed)** |  |
|  |  |
| **Amount (In USD Only)** |  |
| ***Note: You will need to figure the amount out with your Payee and submit your request in USD only.*** | |

***Cost Center Budget Manager Signature Date***

**Submit signed request, copy of invoice, and any other pertinent documentation via email to Accounting@madisoncollege.edu.**

Rev 05/30/24