

**JOHNS HOPKINS
FOREIGN CURRENCY WIRE REQUEST FORM**

Vendor Name: _____

Vendor Number: _____

Bank Details:

Beneficiary Account Name: _____

Beneficiary Bank Account #: _____

Beneficiary Bank IBAN (if applicable): _____

Beneficiary Bank Name: _____

Bank Address: _____

City and Country of Bank: _____

Bank Branch Code/Name: _____

Swift or BIC Code (MANDATORY): _____

Invoice Reference Number:
(16 Characters Max) _____

GL account	Cost Center/ Internal Order	Fund	Foreign Currency Amount	USD Equivalent entered by Treasury Operations ONLY

Total Wire Amount: _____

Type of Currency: _____

(Ex: Euro, GBP, etc.)

Bank GL: _____

(Entered by Treasury Ops Only)

Signature Sheet

Requesting Department:

Preparer Signature: _____	Date: _____
Printed Name: _____	
Approver Signature: _____	Date: _____
Printed Name: _____	

Treasury Operations:

Approver Signature: _____	Date: _____
Printed Name: _____	
Over 10K Signature: _____	Date: _____
Printed Name: _____	

For vendor invoices NON-related to travel reimbursements and Purchase Orders. Please forward this form along with the invoice and any other supporting documentation directly to the appropriate Treasury Operations,

University: Treasury.Payments@jhu.edu

Health System: JHHSSTreasuryMgmt@jhmi.edu