

Rancho Santiago College District
STUDENT BUSINESS OFFICE
WIRE TRANSFER REQUEST
(Foreign Transactions Only)

SANTA ANA COLLEGE

Date: _____

Account Name: _____

Account #: _____

Wire Requested By: _____ / _____ / _____
Name Department Phone/Ext.#

Beneficiary Information

Beneficiary Name: _____

Beneficiary Acct: _____

Address: _____

Beneficiary Bank Information

Beneficiary Bank Name: _____

Beneficiary ABA Number/SWIFT ID: _____

Beneficiary Bank Address: _____

ALL BENEFICIARY INFO MUST BE COMPLETE/ACCURATE OR WIRE MAY BE REJECTED & ADDITIONAL FEES WILL APPLY.

Were services performed within the US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the beneficiary a foreign vendor? If Yes, please attach W-8BEN-E	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the beneficiary a foreign individual? If Yes, please attach W-8BEN	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***Notice:** Intermediary and Beneficiary banks may assess a fee with the result that the Payee/Beneficiary may receive an amount that is less than the face value of the wire.

DESCRIPTION OF SERVICES	AMOUNT
TOTAL \$	

***** Be sure to attach Original Receipts, Invoices, Event Flyers, and Required Forms *****

***** Wire will not be processed without W-8BEN / W-8BEN-E *****

Approval:

Requestor: _____

Dean / Director: _____

FOR STUDENT BUSINESS OFFICE USE ONLY:

Wire Date: _____

Wire Fee: _____

JE#: _____