



WIRE TRANSFER/ACH PAYMENT REQUEST FORM

The Southern Baptist Theological Seminary

INSTRUCTIONS: *Appropriate supporting documents MUST be attached to this form. Use this form only if approved by Accounting*

Date Submitted: _____ Dept. Name: _____

*Required if Vendor is (1) an individual or (2) not a corporation. Completed by (print name): _____

SECTION 1: Payee/Vendor Information/Wire Instructions

Vendor: _____

Jenzabar Vendor ID: _____

*Social Security # (for individuals): _____

*Federal Tax ID # (for companies): _____

REQUIRED IF APPLICABLE

Invoice #: _____ (invoice must be attached)

Purchase Order #: _____ (PO must be attached)

Capital Project #: _____

Check One (if thru a Purchase Order):

_____ Partial Payment

_____ Final Payment

Receiving Bank Name _____

Routing # (US bank) _____

*IBAN # (non-US bank) _____

or

*Swift Code (non-US bank) _____

Bank Address _____

City, State, Zip _____

Special Instructions _____

Credit to _____

Account Number _____

Address _____

City, State, Zip _____

Telephone Number _____

Email Address _____

Special Instructions _____

SECTION 2: Justification and Account Information

Please type a detailed explanation for the payment (include dates, course numbers, names, etc).

Wire Amount: _____

Requested Payment Date: _____

Acct #1 (16 digits): _____

Amount: _____

Acct #2 (16 digits): _____

Amount: _____

Acct #3 (16 digits): _____

Amount: _____

SECTION 3: Budget Manager's Approval (signifies receipt of goods/services and approval for payment)

Signature _____

Date _____

INTERNAL USE ONLY

Disbursement Approved by: _____

Called in by (& Date) _____

Bank Reference Number _____

Data Entered by _____

Data Entry Verified by: _____

1099 Vendor _____

NOTE: Due to processing time, all wire transfer payment requests should be submitted at least 7 days before desired payment date.