



730.1.2f - Domestic Wire Transfer Form

- Note: Instructions for this form begin on page 3. **All fields with asterisks (*) are required.**
- Please use a new, typed form for each transaction as bank information changes often. Pre-audit approval is required for all wire transfers.
- Please review the [Wire Fund Transfers](#) page for information on submitting this form.
- Suppliers must be established in the Connect Carolina system.

A. UNC Departmental Information

*Department Name: _____ *Department Contact Email Address: _____
 *Campus Box Number: _____ *Department Contact Phone Number: _____
 *Preparer's Name: _____ Purchase Order Number: _____

*Authorization Signature

To add signature in Adobe Pro, Select "Fill and Sign" from the right hand menu and then select "Sign Yourself" at the top of the page. Drag and drop signature.

*Authorization Date

B. Transaction Information

*Supplier Number: _____ *Supplier Name: _____ Payment Description: _____
 *Invoice Number: _____ *Invoice Date: _____
 *Invoice Amount: _____

C. Accounting Information

1. *Business Unit	*Fund	*Source	*Account	*Department
_____	_____	_____	_____	_____
Program	Project ID	CC1	CC2	CC3
_____	_____	_____	_____	_____
Amount:	Pre-Audit approval (Central Office only):			
_____	_____			
2. Business Unit	Fund	Source	Account	Department
_____	_____	_____	_____	_____
Program	Project ID	CC1	CC2	CC3
_____	_____	_____	_____	_____
Amount:	Pre-Audit approval (Central Office only):			
_____	_____			

D. Central Office Information

P.O. Authorization to Liquidate: _____ Date: _____

E. Wire Transfer Information

Will this be repetitive? (sent more than 2 times):	Yes	No
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*FULL Beneficiary Bank Account Name:

*Beneficiary Account Number:

*Beneficiary Address:

*Destination Bank ABA/Routing #:

*Beneficiary City:

Destination Bank Name:

Beneficiary State:

Beneficiary Email:

Beneficiary Postal Code:

Total Wire Amount:

Beneficiary Information to be sent in the wire:

Additional Notes:

If you have questions regarding this form, contact Cash Management at Cash_Management@unc.edu

INSTRUCTIONS

All fields marked with asterisks () are required.*

Section A. UNC Departmental Information

Department Name: The name of the department sending the form.

Department Contact Email Address: The email address which should receive transaction confirmation from Bank of America CashPro after transaction is executed by Accounting Services. This email is also used to contact the department in the event additional information is needed.

Campus Box Number: The four-digit campus box number of the department sending the form.

Department Contact Phone Number: The phone number of the departmental contact responsible for the transaction in the event additional information is needed.

Preparer's Name: Name of person filling out this form.

Purchase Order Number: Required only if the request pertains to a purchase order. Purchase order numbers in Connect Carolina begin with a '2'.

Authorization Signature and Date: Name of the individual authorizing the wire and dating the signature of authorization.

Section B. Transaction Information

Supplier Number: the supplier's number from the Connect Carolina supplier system.

Supplier Name: the supplier's name as listed in the Connect Carolina supplier system.

Invoice Number: If an invoice was provided from the vendor, the original vendor invoice number that the vendor provided to the department.

Invoice Amount: Include amount charged on invoice.

Payment Description: a brief description of the purpose of payment and any other important information.

Section C. Accounting Information

Chartfields: Please provide chartfield numbers for the account that the transaction will be debited to, including: Business Unit, Fund, Source, Account, Department, Program, Project ID, and Cost Code #1, Cost Code #2, and Cost Code #3 where applicable.

Amount: This section is designed for submissions that require payment to be broken into two categories that are applied to two different sources of payment: for example, you receive an invoice that covers both labor and expense reimbursements. If the labor needs to come out of one payment source and the expenses need to come from a different source, two chartfield entry lines are available on this form to specify these details. In this example, the form preparer will use Chartfield 1 entry lines to fill in the chartfield numbers for the account source the labor is to be charged to, and then specify the amount of the total payment to be allotted to this source. The preparer will then use Chartfield 2 lines to specify the account source the expenses will be charged to and will write the final amount of the total that should be charged. If there is only one payment needed and no breakdown of sources, it is not necessary to fill out the allocation or amount, only the chartfield numbers of the source to be charged and you will only fill in Chartfield 1 numbers, leaving the second Chartfield area blank.

If you have questions regarding this process, contact cash management at Cash_Management@unc.edu.

Pre-Audit approval: Do NOT fill out these sections – they are for Accounting Services and Central Offices usage only.

Section D. Central Office Information

Is for Central Office processing, do not fill in.

Section E. Wire Transfer Information

Will This Be repetitive? For each wire transfer, you will need to submit a new wire transfer form. However, if you anticipate sending out payments to this vendor more than twice (of any payment amount), please select “Yes” as the Cash Management team can save the profile information and expedite future payments.

Left Column (Beneficiary Information)

This information should be of the individual or institution receiving the funding, which will most likely not be the same information as the beneficiary’s bank, except in some rare cases where specified by the supplier.

Beneficiary Bank Account Name: The FULL name of the bank account that the individual or institution is receiving the funding into. May differ from the Connect Carolina supplier name.

Beneficiary Address: The street address of the beneficiary (P.O. Box if not street address is available).

Beneficiary City: City of the beneficiary’s establishment.

Beneficiary Postal Code: The postal code of the beneficiary’s establishment.

Right Column (Banking Information and Beneficiary Email Contact)

Beneficiary Account Number: The full bank account number of the beneficiary.

Destination Bank ABA/Routing # : Please provide ABA/Routing # of the destination bank.

Destination Bank Name: The name of the bank where funds will ultimately be deposited.

Beneficiary Email: Not required but appreciated by your supplier. Email address of the beneficiary which will receive transaction confirmation from Bank of America CashPro after transaction is executed by Accounting Services.

Sender’s Reference Number: Internal (UNC) departmental reference number used for tracking purposes.

Beneficiary Information: Recipient information to be sent with the wire. This is usually the invoice number and any other information the receiving bank and/or beneficiary will need to apply the funds, such as For Further Credit information.

Additional Notes: Please provide any other information that would be helpful in sending a wire.