



Albert Einstein College of Medicine

Wire Request Form - Intermediary

FREE FORM WIRE – BANK OF AMERICA

WIRE FUNDS FROM– A/C # 483065993708

Date: _____ Amount: \$_____

Wiring Information

Beneficiary Name: _____

Beneficiary Address: _____

Intermediary Bank Name: _____

City, State, Country: _____

BIC/SWIFT No: _____ A/C No.: _____

Bank Name: _____

City, State, Country: _____

ABA/SWIFT No: _____

A/C Name: _____ A/C No. : _____

PO Reference: _____

Departmental Information

Requested By: _____
Printed Name

Requested By: _____
Signed

Approved By: _____
Printed Name

Approved By: _____
Signed

Approvals

Purchasing Approval: _____
Printed Name

Wire Approval: _____
Signed

Finance Approval: _____
Printed Name

Wire Approval: _____
Signed

Important Information: Payments are released according to vendor payment terms determined by the purchasing department.

Send Completed Forms To: Accounts Payable: nirvanie.kharran@einsteinmed.org

Nirvanie Kharran: _____ Date: _____ Helen Martinez: _____ Date: _____
(Initial) (Initial)