



Albert Einstein College of Medicine

Wire Request Form

FREE FORM WIRE – BANK OF AMERICA

WIRE FUNDS FROM– A/C # 483065993708

Date: _____ Amount: \$_____

Wiring Information

Beneficiary Name: _____

Beneficiary Address: _____

Bank Name: _____

City, State, Country: _____

BIC/SWIFT No: _____ IBAN: _____

Sort Code: _____

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

PO Reference: _____

Departmental Information

Requested By: _____ Requested By: _____
Printed Name Signed

Approved By: _____ Approved By: _____
Printed Name Signed

Approvals

Purchasing Approval: _____ Wire Approval: _____
Printed Name Signed

Finance Approval: _____ Wire Approval: _____
Printed Name 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)