**Foreign Wire Transfer – Required Forms Checklist**

**Department of Family Medicine**

Complete this form if you need to make a payment to a foreign entity. The cost must exceed $200 in order to request a Foreign Wire Transfer. The vendor/person and their bank must be located outside of the United States in order to request a Foreign Wire Transfer. If you are requesting payment to a foreign visitor for travel expenses, please note that foreign visitors must obtain the [appropriate immigration status](https://www.travel.ucla.edu/policy-resources/reimbursements-for-foreign-visitors) in order to be eligible for receive travel payments for expenses incurred in the United States.

|  |  |
| --- | --- |
| **Required Forms** | **Purpose** |
| [ ]  **Foreign** [**Wire**](https://ucla.app.box.com/v/pur-pdf-ind-cont-consult-form) **Transfer Request Form**  | This is an internal form specific to our department. This form is required to identify the FAU, state the business justification, show PI and Fund Manager approval, and collect vendor and bank information.  |
| [ ]  **Email from the Vendor/Payee or Letter from the Bank with the Bank Details included in the body of the email****- OR -**[ ]  **Invoice from the Vendor/Payee that has the Bank Details preprinted on it** | **The email/letter must clarify the following:**1. Bank Name/Financial Institution
2. Bank Email
3. Bank Address (please include city)
4. [IBAN](https://www.ecbs.org/iban.htm) (if applicable)
5. Bank [Swift](https://www.swift.com/biconline/) Code
6. Do you have an Intermediary Bank (Yes/No)

**The invoice must clarify the following:**1. Bank Name/Financial Institution
2. Email
3. Bank Address (please include city)
4. [IBAN](https://www.ecbs.org/iban.htm) (if applicable)
5. Bank [Swift](https://www.swift.com/biconline/) Code
 |
| [ ]  **Supporting Documents**  | Any documents supporting the need for this payment must be included. This could include: receipts, bank statements, credit card statements, invoices, airfare receipts, conference/meeting registrations, etc. |
|  |  |
| **If the Payee is being reimbursed/paid for travel to the United States, you must also include the following:** |
| [ ]  **Copy of the Traveler’s Passport** | Attach a clear copy of the traveler’s passport. |
| [ ]  **I-94 Form**  | The I-94 form is given by US Customs to foreign visitors upon entrance into the U.S. and collected upon departure, so it is important to make a copy of this form before the traveler leaves. If the traveler does not have this form, please see Valencia. |
| [ ]  [**Declaration of Immigration Form**](https://www.travel.ucla.edu/policy-resources/reimbursements-for-foreign-visitors) | This form must be completed and signed by the Traveler. If the form is not filled out thoroughly, Travel Accounting will reject the request, so please be sure it is fully completed and signed before submission. |

Note: If this is for a **foreign subaward**, please also submit a memo confirming the location of services performed and confirming that there was no U.S. activity for the services.

**FOREIGN WIRE TRANSFER REQUEST FORM**

**Department of Family Medicine**

**Requester Details**

(This is information about the UCLA employee completing this form)

|  |  |
| --- | --- |
| Name |   |
| Phone |   | Email |  |
| PI Name |   |
| Date Created |  |

**Vendor Details**

(This is information about the Payee/Vendor/Traveler)

|  |  |
| --- | --- |
| Vendor Region | Australia Europe Mexico All Others |
| Vendor Name |  |
| Vendor Email |  |
| Address |  |

**Pay To Details**

(This is information about the bank, specifically the branch where the Vendor’s account is located)

|  |  |
| --- | --- |
| Account Region | Australia Europe Mexico All Others |
| Bank Name |  |
| Email |  |
| Address |  |
| Account Number |  |
| Bank SWIFT Code |  |
| Does the Vendor have an Intermediary Bank? | Yes No |

**Payment Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Amount |  | Fund Currency |  |
| Purpose of Wire  |  |
| (The Purpose of Wire will be sent to the vendor with the wire transfer; therefore please reference the invoice number [if applicable] and/or account number as requested by the vendor for their reconciliation purposes) |

**FAU Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [Account](http://www.research.ucla.edu/ora/training/media/fau/engage.html) | [CC](http://www.research.ucla.edu/ora/training/media/fau/engage.html) | [Fund](http://www.research.ucla.edu/ora/training/media/fau/engage.html) | Project | Sub | [Object](http://ga.accounting.ucla.edu/)  | Fund Name |
|   |   |   |   |   |   |   |

**Approvals**

|  |  |  |  |
| --- | --- | --- | --- |
| Authorizer/PI Signature |  | Date |  |
| Fund Manager Signature |  | Date |  |
| PO # |  |