



PR/NR/P.O #

Tax withheld %
(for AP use only)

Harvard University Foreign Currency Wire Authorization Form

Currency Name: _____ Foreign Currency Amount: _____
or
USD Amount to be converted to FX: _____

Beneficiary Bank Information

Bank Name: _____
Bank Address: _____
Swift Code/BIC Code: _____ Sort Code (6 digits)
(if applicable) _____
Beneficiary Account Name: _____
(Beneficiary Account Name must match Vendor Name.)
Beneficiary Bank Account number or IBAN number: _____
Beneficiary Address: _____
Beneficiary Contact: _____
Payment Details: _____

Intermediary/Correspondent Bank(if applicable)

Bank Name: _____
Bank Address: _____
ABA#: _____ Bank Account #: _____
Reference: _____

Department Requestor and Approver

Name of Requestor: _____ Telephone #: _____ Date: _____
Email Notification: _____
Authorized Signature: _____ Date: _____

Office of Treasury Management Use Only

Initiated By: _____ Date: _____
Released By: _____ Date: _____
Reference#: _____ USD Equivalent: _____

Staple this form to the front of each invoice:

SEND TO:

CASH MANAGEMENT - OFFICE OF TREASURY MANAGEMENT
1033 Massachusetts Avenue, 2nd Floor, Tel. 617-496-3018