## **UNIVERSITY OF MIAMI**

Printed Name and Title

Departmental Request for Electronic Transfer of Funds			Accounting Information						
TO: Scarlett Covington  Cash Management Department  Required Documents:		Please visit the web site: http/www.miami.edu/controller/forms for blank copies of this form							
	Faxes will not be accepted, original	ginals only	2. Please o	2. Please complete the following information below: (a) Program and Ledger Account to charge (debit), (b) description of transaction, (c) amount					
Gables One Tower 1320 S Dixie Hwy, Suite 1230 1) This document, signed by appropriate signer		(d) Reference # 2 - Purchase Order No. (if applicable) - will decrease encumbrance 3. The Cash Management Department will complete:(e) FRS bank No., (f) Reference # 1 (date of wire transfer) 4. If transaction is to be charged to more than one account, use additional lines provided, split amount of transfer as required. If more than 1 page, enter total on last page 5. Use of sponsored accounts require the approval of the Sponsored Expenditure Compliance Office prior to submission of this form to Cash Management 6. Once the transfer is completed by Cash Management, this form will be returned to the department requesing transfer to record the transaction into Workday.							
Telephone (305) 284-6789 2) Appropriate backup documentation									
3) Accounting Information must be completed or electronic transfer can not be made.									
From: Phone:		6. Once the	e transfer is completed	by Cash Management, t	nis form will be retui	rned to the department requesing transfer to record tr	ie transaction into Workday.		
Dept:	Fax:		_						
RE:		Entry to Record Transfer							
Transfer to be done on (indicate date):			(to be entered by Cash Management Dept.)						
Please wire the funds indicated in the space be reflected under accounting information to the right		sity account as				1 1			
BANKING INFORMATION: Note (U.S. or Foreign)			Line TC	(a) DEBIT (	CHARGE)	(f) Ref # 1	(b ) DESCRIPTION	1	(d) Reference #2 Purchase Order No. (if
Name of Receiving Bank:			# #	Program	Ledger Account	mm/dd/yyyy	(Required)	(c) AMOUNT	applicable)
City, & State (Country if not USA)		1 040					<del> </del>		
ABA # or S.W.I.F.T. #		2 040					<del> </del>		
Name of Beneficiary		3 040							
Bank Account Number		4 040							
Reference information for			5 040		_			<u> </u>	
Beneficiary			6 040					<u> </u>	
Currency (specify) US Dollars Foreign (please specify)			7 040					<u>i</u>	
Amount		8 040		_			<u> </u>		
			9 040		_			1	
This form must be completed including the entry to the right for the above transaction. Incomplete forms			10 040					i	
will be returned to the originator and the transfer will not	t be made. The Cash Management Dept.								
will forward this form to the Controller's Office for processing. Backup documentation must be attached.		Batch Total: \$0.00							
·			s or other pertinent information:						
Authorized Signature (up to \$24,999)  Must be an authorized signer on account(s) indicated up	nder accounting					If assistance is needed	to complete the journal entry, contact Piedad Munoz, Director of Ge	neral Accounting, at 305 284-4244	
information and have signature cards filed with Accounts Payable		To be completed by Cash Management Dept.:							
Printed Name and Title		For Treasury Purposes Only Repetitive ∩							
Filliteu Naille aliu Title				Non-Repetitive (					
		Administration Authorized Official (if sponsored acct is used)				Wire transfer done by: Date of transfer		1	
Printed Name and Title		University bank acc	count signer						
Signature Responsible V.P. or Provost (\$50,000 and above)  Note: Any fund transfer		amounting to \$65,	000 or above requires appro- agement Department will sec						