

UNIVERSITY OF MIAMI

Departmental Request for Electronic Transfer of Funds

TO: Guiselle Guerrero

Cash Management Department

Gables One Tower 1320 S Dixie Hwy, Suite 1230
Telephone (305) 284-6789

Date of Request:

From:

Phone:

Dept:

Fax:

RE:

Transfer to be done on (indicate date):

Please wire the funds indicated in the space below and charge them to the University account as reflected under accounting information to the right:

Required Documents:

- Faxes will not be accepted, originals only
- 1) This document, signed by appropriate signer
- 2) Appropriate backup documentation
- 3) Accounting Information must be completed or electronic transfer can not be made.

Accounting Information

1. Batch Control form needs to be completed and attached to this form. Please visit the web site: <http://www.miami.edu/controller/forms> for blank copies of this form and the batch control form
2. Please complete the following information below: (a) Batch Reference No., (b) account # & subobject code to charge (debit), (c) description of transaction (d) amount, and (e) Reference # 2 - Purchase Order No. (if applicable) - **will decrease encumbrance**
3. The Cash Management Department will complete: (f) FRS bank No., (g) 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 forwarded by Cash Management to the Controller's Office to record the transaction.

Entry to Record Transfer

(a) FRS Batch Reference No.

(f) FRS Bank No.

(to be entered by
Cash Management Dept.)

(if you do not have a batch reference id, contact Nick Dabraio at 284-5717)

BANKING INFORMATION: Note (U.S. or Foreign)		
Name of Receiving Bank:		
City, & State (Country if not USA)		
ABA # or S.W.I.F.T. #		
Name of Beneficiary		
Bank Account Number		
Reference information for Beneficiary		
Currency (specify)	US Dollars	Foreign (please specify)
Amount		

Line #	TC #	(b) DEBIT (CHARGE)		(g) Ref # 1 mm/dd/yyyy	(c) DESCRIPTION (Required)	(d) AMOUNT	(e) Reference #2 Purchase Order No. (if applicable)
		Account #	Subobject code				
1	040	--					
2	040	--					
3	040	--					
4	040	--					
5	040	--					
6	040	--					
7	040	--					
8	040	--					
9	040	--					
10	040	--					

Batch Total:

This form must be completed including the entry to the right for the above transaction. Incomplete forms will be returned to the originator and the transfer will not be made. The Cash Management Dept. will forward this form to the Controller's Office for processing. Backup documentation must be attached.

Authorized Signature (up to \$24,999)

Must be an authorized signer on account(s) indicated under accounting information and have signature cards filed with Accounts Payable

Printed Name and Title

Chairperson or Dean Signature (from \$25,000 to \$49,999.99)

Printed Name and Title

Signature Responsible V.P. or Provost (\$50,000 and above)

Printed Name and Title

Special instructions or other pertinent information:

Office of Research Administration Authorized Official (if sponsored acct is used)

University bank account signer

Note: Any fund transfer amounting to \$65,000 or above requires approval by a signer on the University's bank account. The Cash Management Department will secure that approval

If assistance is needed to complete the journal entry, contact Piedad Munoz, Director of General Accounting, at 305 284-4244

To be completed by Cash Management Dept.:		For Treasury Purposes Only Repetitive Non- Repetitive Wire ACH
Wire transfer done by:	Date of transfer	