

## WIRE/DRAFT TO FOREIGN COUNTRIES FORM

### INSTRUCTIONS:

1. Refer to the [Wire/Draft to Foreign Countries Standard Operating Procedure](#) located on the Finance website
2. Do not use this form for payments to Canada or the United States; use a cheque requisition instead. In exceptional circumstances, please contact Manager, General Accounting.
3. Forward the completed form to Accounts Payable, Finance Department. **DO NOT PRINT DOUBLE SIDED.**

### IMPORTANT – PLEASE READ:

1. Foreign exchange (FX) rates fluctuate on a daily basis and are subject to additional fees/commissions by the FX provider. Rates obtained from internet sites (e.g. [OANDA](#)) serve only as a guide. The actual FX rate will differ from rates obtained from other sources and are determined by the FX provider when the wire/draft order is committed.  
**Tip:** Where amounts owed are subject to a Canadian dollar maximum (e.g. contributions to travel costs, refunds, etc.), please specify the amount in section A in Canadian dollars.
2. If the amount specified in section A is denominated in a currency other than Canadian dollars, the same currency must be specified in section B.
3. Please ensure the payee obtains/verifies the required details provided on this form with their financial institution before submitting the form. **IF THE BANKING INFORMATION PROVIDED IS INCORRECT, AND FUNDS ARE MISTAKENLY ROUTED TO A THIRD PARTY, IT IS VIRTUALLY IMPOSSIBLE TO RECOVER THE FUNDS.**
4. The submitting department is responsible for confirming (in writing) with the payee which currency they prefer to receive. The payee's bank account must be denominated in the currency specified in section B, otherwise the amount paid will be subject to conversion by the payee's financial institution at unfavourable FX rates. Vendor invoice payments will only be issued in the currency stated on the invoice.
5. External banking fees apply to wires and drafts. All fees are chargeable to the requestor's cost centre. Additional fees may be charged to the payee by the payee's financial institution to process the receipt of this payment.
6. Payments may be subject to HST self-assessment, which is chargeable to the requestor's cost centre.
7. Where employment or other services were provided in Canada, Canadian income taxes may apply. If applicable, income taxes will be deducted from the payment and remitted to Canada Revenue Agency on behalf of the payee.

### COMMON CURRENCY CODES & REQUIRED BANKING DETAILS (in addition to the account number):

COUNTRY	CURRENCY CODE:	REQUIRED DETAILS:
CANADA ***	CAD	Bank ID (4 digits), Transit # (5 digit) ***
UNITED STATES ***	USD	ABA ***
EUROPE	EUR	IBAN, BIC/SWIFT (8-11 digits)
GREAT BRITAIN	GBP	IBAN (22 alpha-numerical digits), BIC/SWIFT (8-11 digits), BACS Sort Code (6 digits)
HONG KONG	HKD	Bank Routing Code (6 digits)
NEW ZEALAND	NZD	Bank Routing Code (6 digits)
AUSTRALIA	AUD	BIC/SWIFT (8 or 11 digits), BSB Code (6 digits, only required if 8 digit SWIFT provided)
INDIA	INR	BIC/SWIFT (8-11 digits), IFSC (11 digits), Purpose of Payment, Type of Account, Relationship to Beneficiary (Payee)
CHINA	CNY	BIC/SWIFT (8-11 digits), Bank Routing Code (CNAPS Code – 12 digits), Beneficiary (Payee) contact name, Payee Address/ Telephone Number, Purpose of Payment
JAPAN	JPY	BIC/SWIFT (8-11 digits)
PHILIPPINES	PHP	BIC/SWIFT (8-11 digits)
SINGAPORE	SGD	BIC/SWIFT (8-11 digits), Bank Routing Code (7 digits)
SWITZERLAND	CHF	BIC/SWIFT (8-11 digits), IBAN (21 alpha-numerical digits)



**WIRE/DRAFT TO FOREIGN COUNTRIES FORM**

WIRE                       DRAFT

Accounts Payable  
Date Stamp

<b>A WHAT IS THE TOTAL AMOUNT OWED TO PAYEE?</b>	<b>B WHAT CURRENCY SHOULD THIS BE PAID IN?</b>
Currency	Currency
If Other (specify)	If Other (specify)
Amount [Required]	Select
Select	

<b>PAYEE</b> * must be exact name of the registered bank account holder (all fields required)	Vendor Name/Individual Surname			Individual First Name	
	Email address			Telephone number	
<b>PAYEE'S MAILING ADDRESS</b> (required)	Address – Number, Street, and Apt. No. or P.O. Box #, R.R.				
	Address – Continuation if required				
	City	Province/State/Region	Postal code	Country	

<b>D INVOICE # / PO #</b>		<b>SERVICES PERFORMED IN CANADA?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>REASON FOR PAYMENT</b>	Describe the good or service being purchased; attach supporting documentation		

CHARTFIELD(S) TO BE CHARGED			OPTIONAL			REBATE RATE %	AMOUNT	FINANCE USE
ACCOUNT	FUND	COST CENTRE	ACTIVITY	TIME	LOCATION			
001680			GST/HST rebate (as applicable)					
<b>Total</b>						DR		
370700			Wire / draft fees (as applicable)			DR		
002600	200	000006				CR		
HST self-assessment (net expense)						NET DR		
001680			HST rebate @ _____ %			DR		
010610			A/P HST self-assessment @ _____ %			CR		

**Prepared by:**  
Please note that preparer and approver cannot be the same individual.

**Approved by University Signing Authority:**  
I hereby **certify** that I am authorized to sign on the cost centres above and that all expenditures are valid, in compliance with the policies of the University, and sufficient funds are available to cover this expenditure.

Name (print):	
Signature:	
Title & Unit:	
Date: G T M D Y Y Y D	Tel:

Name (print):	
Signature:	
Title & Unit:	
Date: Y A M B B # M M M L	Tel:

FOR FINANCE / PAYROLL USE ONLY					
Payroll			FX Order#		
Accounts Payable		General Accounting			
Research Accounting		Mgr. Gen. Accounting			
1 <sup>st</sup> Signing Officer		2 <sup>nd</sup> Signing Officer			

**PAYEE DETAILS & BANKING INFORMATION**

WHAT IS THE TOTAL AMOUNT OWED TO PAYEE?			WHAT CURRENCY SHOULD THIS BE PAID IN?	
Currency	If Other (specify)	Amount [Required]	Currency	If Other (specify)
Select			Select	

<b>PAYEE</b> * must be exact name of the registered bank account holder	Vendor Name/Individual Surname		Individual First Name	
	Email address		Telephone number	
<b>PAYEE'S MAILING ADDRESS</b>	Address – Number, Street, and Apt. No. or P.O. Box #, R.R.			
	Address – Continuation if required			
	City	Province/State/Region	Postal code	Country

**NOTE THAT BANK ACCOUNT MUST BE REGISTERED TO THE PAYEE LISTED ABOVE**

<b>BANK NAME [Required]</b>				
<b>BANK ADDRESS [Required]</b>	Address – Number, Street, and Apt. No. or P.O. Box #, R.R.			
	Address – Continuation if required			
	Address – Continuation if required			
	City	Province/State/Region	Postal code	Country
<b>ACCOUNT # [Required]</b>				
<b>ADDITIONAL BANK ACCOUNT DETAILS (IBAN, SWIFT/BIC, ROUTING CODES, ETC.)</b>				
* Please see instructions on page 1. Payee to obtain information from their bank.				
Select code type				
Select code type				
Select code type				
Select code type				
Select code type				
Select code type				
<b>OTHER [As needed]</b>	Please specify the code type and the payee's number			

<b>CORRESPONDENT BANK NAME DETAILS [If required]</b>	Correspondent bank name, address, account number, etc.
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**FOR FINANCE USE ONLY**

<b>VENDOR RECORD:</b>	<input type="checkbox"/> CREATE	<input type="checkbox"/> UPDATE	<b>PAYMENT TYPE:</b>	<input type="checkbox"/> EFT	<input type="checkbox"/> ACH	<input type="checkbox"/> DRAFT
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