

Vendor Information	
Vendor Name	
Vendor Address	
City	
Country	
Payment Description	

Banking Information	
Bank Name	
IBAN*	
Swift Number	
Account Number	
Bank Address	
City	
Country	

*IBAN is preferred. If IBAN cannot be obtained, please include both Swift Code and Account Number.

Detailed Reason for Payment <small>(Goods, Services, Prize Money, Travel Reimbursement, etc.)</small>	Currency	Index <small>*Required</small>	Account <small>(7XXX) *Required</small>	Amount
Gross Payment				
30% Tax Withholding (if applicable)				
Net Payment				
Fee for foreign wire transfer	35.00	Total Charge to FOAP		

Required Approval Signatures (deans, directors, managers, etc.)

	Date: _____
	Date: _____
	Date: _____
	Date: _____
	Date: _____
	Date: _____

Foreign Wire Guidelines:

1. A **W-9** or **W-8BEN** must be obtained from the vendor for any payments to individuals. A W-8BEN-E must be obtained for foreign entities.
2. Original detailed invoice(s) required for all payments. For any reimbursement, detailed receipts and/or payments.
3. Please indicate if taxes need to be withheld for services and/or payments.
4. Payments for foreign individuals are subject to 30% tax withholding unless individual has US ITIN and claims treaty benefit on W-8BEN.

**** Form will be returned if incomplete, delaying payment. ****