



**INTERNATIONAL WIRE TRANSFER FORM  
FOR FOREIGN VENDOR PAYMENTS**

CSUSM

CORP

Foundation

**REQUESTOR INFORMATION**

Requestor's Name

Extension

Department

Date

Purchase Description

Amount  
Note:  
USD Only

**BANK INFORMATION**

Enter Bank ID and Bank Country

Bank ID/SWIFT

Bank Country

**VENDOR INFORMATION**

Enter Account Name, Account Number and Address.

Beneficiary/Vendor  
Account Name

Account Number

Address

CLABE (Mexico Only)

**BANK INFORMATION**

Enter Bank Name, IBAN and Address.

Bank Name

Int'l Routing Code  
(ES + 8 Digits)

Address

Int'l Bank  
Account/IBAN

**Note:**

I understand that California State University San Marcos (CSUSM) requires ten (10) business days to set up this initial authorization and two (2) business days for funds to become available following a wire transfer.

Please attach this form to the front of the approved original invoice which has the appropriate chartfield string. The department has determined and verified who will be responsible for all possible related wire transfer fees.

\_\_\_\_\_  
Department Signature

\_\_\_\_\_  
Date

***Please email the completed form and backup to: [accountspayable@csusm.edu](mailto:accountspayable@csusm.edu).***