

**Albert Einstein College of Medicine
Global Health Center**

Complete and send to Denise Giocondo at: denise.giocondo@einstein.yu.edu

Request to wire funds internationally:

Name _____

Position _____

Department _____

Amount of funds to be wired _____ (USD) _____ (other currency)

Source of funds (Einstein account #) _____

Destination of funds:

Country _____

Account # _____

ABA/Swift # _____

Bank _____

Name of Account _____

Owner of account _____

Purpose of funds: _____

Period of use: _____

I, _____, acknowledge that the funds being sent to the account indicated above belong to Albert Einstein College of Medicine and are for the use of the faculty member so designated on this form, and that they will be dispensed at the direction of the named faculty member.

Signature of bank account holder _____

I understand that, as part of the international fund wiring by Einstein, I must keep records and/or receipts of all transactions related to these funds. Accounting of funds must be completed within 30 days of the return of the person to whom funds were advanced. Any unspent funds must be returned for distribution back to the funding source where the advance was issued. Failure to properly account for funds advanced via wire transfer may result in disallowances of future advancements. Any funds not properly accounted for will need to be reimbursed to the fund to which the advance was issued.

Signature of Einstein Faculty Member _____

Research Finance Authorization _____ Date _____

(RF will forward to Einstein Treasury to initiate with YU.)

Once all required information on form is provided, no other form is needed to begin the international wiring process.