



Albert Einstein College of Medicine

Advance Payment International Wire Request Form

Request to wire funds internationally:

Name: _____ Date: _____

Position: _____

Department: _____ Fund#: _____

PO#: _____ Institutional Name _____

Amount of funds to be wired (USD): _____ Payee: _____

Purpose of funds: _____

Period of use: _____ (up to one year and within the award period)

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 discretion of the named faculty member.

Signature of bank account holder _____

I understand that, as part of the international fund wire by Einstein, I must keep records and/or receipts of all transactions related to these funds. Accounting of funds must be completed within the period requested above. If the program has specific dates final accounting must be completed within 60 days of the end of the program. 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 _____

Contact personnel:

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