



External Order Form

ProCurement (ProCard) and WayneBuy
 (Please do not use for PunchOut Vendors)

School of Medicine

Office of Medical Education
 Undergraduate Medical Education (UME) Business Office

DATE: _____

INDEX TO BE CHARGED: _____

REQUESTOR: _____

ACCOUNT (subject to change): _____

DEPARTMENT: _____

EXPENSE TYPE: _____

Transaction/Requisition #: _____

Purchase Order # (if applicable): _____

VENDOR: _____

Existing Vendor

New Vendor

PURPOSE OF TRANSACTION

Non-Catalog Item

ProCard

PLEASE ATTACH OR SUBMIT SUPPORTING DOCUMENTATION, I.E., VENDOR QUOTE, VENDOR INVOICE, W9
 PLEASE SUBMIT FINAL ORDER/RECEIPT

FOR UME BUSINESS OFFICE USE ONLY

Transaction #: _____

Requisition/PO #: _____

Date of order request received: _____

Expected date of delivery: _____

Requested date of delivery: _____

Date of Completion: _____

UME Business Office Approval: _____