

Gustave L. & Janet W. Levy Library
Mount Sinai Medical Center
 1 Gustave L. Levy Place - Box 1102
 New York, New York 10029

ESRI ArcGIS Distribution Form

Name _____ Date _____

Email Address: _____ Life # _____ Box # _____

Department: _____ Bldg/FI _____ Phone _____

ERSI ArcGIS	No. of Licenses	Amount per License	Total Dollar Amount
ArclInfo		\$100.00	
Totals			

PAYMENT

Fund Transfer:

Log in to Sinai Central (<http://sinaicentral.mssm.edu>) – and go to **FINANCE > TRANACTIONS > NEW > FUND TRANSFERS**
 - choose your fund and do a Fund Transfer to Fund: **02-45-4180** Object Code: **Software-related exp- 4266**

Note: In the “Reasons for Transfer” section include the product and the name of the staff member getting the software.

Click on the Submit button and record the Requisition Number for this transaction: FT _____

SAVE THIS FORM AND ATTACH IT TO THE TRANSFER

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Or **CASHIER OFFICE DEPOSIT** FT _____ Amount _____ Date _____

It is understood that this software is given to the above named individual and is not transferable. This individual is solely responsible for his/her activities in relationship to the installation and use of this software and will hold harmless Mount Sinai, its employees and agents for any problems related to the use of this software. Improper use of this software will result in the cancellation of all Library privileges.

Please contact the Levy Library Help Desk at (212) 241-7091 or via email at helpdesk@mssm.edu, if you have any questions.

Installation information: Chief Ticket # _____ Tech: _____ Rec'd by Help Desk Staff _____ Date ____/____/____