

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

## SAS Software Distribution Form

Name \_\_\_\_\_ Life # \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Box # \_\_\_\_\_

Department \_\_\_\_\_ Bldg/FI \_\_\_\_\_ Phone \_\_\_\_\_

License Period: 07/1/2011 – 06/30/2012

SPSS	Amount per License	No. of Licenses		Total Dollar Amount
		New license	Renewal	
SAS 9.1.3	\$ 150.00			
SAS 9.2	\$ 150.00			
	<b>Totals</b>			

SAS can be installed on Mount Sinai owned computers ONLY. SAS will be installed by Academic Computing and a technician will contact you within 24 hours to schedule the installation.

Type of workstation:                      **Medical School**                      **Hospital**

### 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**

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 Computing Help Desk at (212) 241-7091 (x47091) or via email at [helpdesk@mssm.edu](mailto:helpdesk@mssm.edu), if you have any questions.**

Installation information: ticket - CHIEF # \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_

Updated 1/3/2012

**SAS Inc. End-User Agreement**  
**Mount Sinai School of Medicine, Licensee**

I, \_\_\_\_\_, being associated with LICENSEE, Mount Sinai School of Medicine, in the \_\_\_\_\_ department agree as follows:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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