



Approval for Non-Standard Software Installation - LYNX

This form serves as an acknowledgment and approval for OCIO-IS to purchase licenses for software needed by the Medical University Hospital Authority. The requesting department will not be charged for the software listed below. The Medical University Hospital Authority will fund this software centrally for Medical Center employees.

***This form must be completed in its entirety or it will not be processed.
There is a two-business-day turnaround for account requests.***

Dr. / Mr. / Mrs. / Ms. **LAST NAME:** ** _____ **FIRST:** ** _____ **MI:** ** _____
 Known by (if different than first name): _____ **TITLE:** ** _____

DEPT: ** _____ **LOCATION (INCLUDING ROOM):** ** _____ **PHONE #:** ** _____

MACHINE NAME: ** L- User login ID (FOR ACROBAT): _____

Supervisor's Name: _____ Phone #: _____

Please check the software requested below:

	<i>Application</i>	<i>Expense</i>	<i>Common Usage</i>
<input type="checkbox"/>	Adobe Acrobat Suite V5.0	\$40.00	Creating, reading, saving & modifying PDF files
<input type="checkbox"/>	Adobe PhotoShop	\$140.00	Image file enhancement, creation, conversion
<input type="checkbox"/>	Calendar Creator	\$50.00	Staff Schedules, event calendars
<input type="checkbox"/>	FileMaker Pro	\$70.00	User Defined Database Tool
<input type="checkbox"/>	Microsoft Project	\$57.00	Project management
<input type="checkbox"/>	Microsoft Visio	\$45.00	Flowcharting, diagramming
<input type="checkbox"/>	WordPerfect	\$32.00	Word processing
<input type="checkbox"/>	SmartStream		MUSC/MUHA financial system. Cannot be used on the same PC as HeRMIT
<input type="checkbox"/>	SPSS		Statistical processing

As the supervisor/manager of the employee listed above, I approve the installation of the above marked software for this employee. I understand that the Medical University Hospital Authority, only on behalf of Medical Center employees, will incur an expense for the purchase of the appropriate software license in order to adhere to licensing agreements.

Supervisor's Signature (required): _____ **Date:** _____

Please fax this request to 792-8319 care of LYNX Administrator. Send the original form to the OCIO-IS Support Desk at 201 Harborview Towers. Please call the Support Desk at 792-9700 with questions.