



Digital Media Center
 Department of Neuroscience
 1425 Madison Avenue
 Rm 10-25
 New York, NY 10029
 Tel: 212 - 659 - 5962

_____	Name on Poster
_____	Phone Number
_____	Email Address

FUND TRANSFER AUTHORIZATION

Date: _____

Transfer Amount: \$ _____

Completion of this form authorizes a fund transfer to the Department of Neuroscience (Fund # 0245 - 3890) for poster printing services.

Before posters are printed, this form must be signed by the Requestor and Principal Investigator or Administrator (depending on departmental approval)*

Print jobs will not be started until this fund transfer form is fully processed.

Requesting Department's Name: _____

Transfer From Department's Fund Number (debit):

				-					-	4	2	6	3
--	--	--	--	---	--	--	--	--	---	---	---	---	---

Transfer To (credit):

0	2	4	5	-	3	8	9	0	-	3	0	5	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---

Fund Transfer No:

F	T								
---	---	--	--	--	--	--	--	--	--

Print jobs will not be started unless this transfer has been fully processed.

*Requestor: _____
 Print Name

 Signature

*Principal Investigator: _____
 Print Name

 Signature

*Administrator: _____
 Print Name

 Signature

Veronica Szarejko
 Manager, Digital Media Center
 Email: digital-media-center@mssm.edu

General Information: _____