National Finance Center (NFC), USDA, P.O. Box 60000, New Orleans, LA 70160 **REQUEST FOR ELECTRONIC DOWNLOADING OF SOFTWARE FROM NFC**

A. IDENTIFICATION NAME

TELEPHONE NUMBER (Area Code and Number

AC

TELEPHONE NOWDER (Area Code and Number)

GENCY	

B. I	YPE OF SOFTWARE REQUE	STED (Check type(s) of software requested.)			
1	SOFTWARE	SOFTWARE DEFINITION			
	Purchase Card Management System (PCMS) (with Runtime Modules)	Includes runtime modules for Oracle forms, graphics, reports, PCMS, Security Access Management System (SAMS) application forms, menus, libraries, and reports. It also includes SQL*NET and ANO configured for access to NFC.			
	PCMS (without Runtime Modules)	Includes PCMS and Security Access Management System (SAMS) application forms, menus, libraries, and reports. These files are for users who currently have Oracle forms 5.0, graphics, reports, SQL*NET, and ANO on their workstations.			
	Consolidated Financial Statements System (CFST)	CFST Windows 95/NT is used to produce the Department of Agriculture's Consolidated Financial Statements. A CFST tutorial is also available.			
		Windows 95/NT applications of NFC's Payroll/Personnel Upgrade. Tutorials are also available. (Type in the requested application name in the Software Column to the left; e.g., EARN, EPIC, etc.)			
C. U	SER REQUIREMENTS				
FTP CLIENT AND INTERNET CONNECTION					
Loca	tions that do not have FTP sof	tware for use to download the above application(s) can download a free copy from the Internet. Instructions			
for downloading FTP software are included in the instructions provided by NFC for downloading the software requested in Section B above.					
Choose only one of the four options below and provide the requested address/fax number to indicate where NFC should send the instructions for downloading the software.					
Req	uestor E–Mail Address				
	AREA CODE				
Req	uestor Fax Number(
Information Technology (IT) Contact E-Mail Address					
AREA CODE					
IT Contact Fax Number()					
D. AUTHORIZATION					
AGENCY NFC SECURITY OFFICER CONTACT NAME					
AUTH	AUTHORIZED NFC SECURITY OFFICER SIGNATURE AND TITLE TELEPHONE NUMBER (Area Code and Number) DATE				
MAIL, E-MAIL, OR FAX THIS FORM TO: AD-1128 (Revised 11/07					