CaTS International Laptop Travel Kit Checkout Agreement

Responsible Department/Employee: ________________________________
Campus Username ('w'): _________________________________________
Department FOP: ____________________________ - ________________ - ________________

Equipment Description: International Laptop Travel Kit
  • Unencrypted laptop equipped with anti-virus software and Office 2016
  • Domestic and International power adapter
  • Cell Phone, for connecting to Wright State’s virtual desktop server (optional)
  • Carrying case

International Laptop Travel Kit Terms and Conditions
This kit is for Wright State business use only. It is the user’s responsibility to ensure that the equipment is properly maintained and secured. The user is also responsible for knowing the restrictions and following the laws of the country to which they are traveling; particularly regarding encryption technologies and internet use. More information about foreign travel, including how to prepare for your trip, is available through the following websites:
  • http://travel.state.gov/content/travel/en.html
  • http://www.pmddtc.state.gov/embargoed_countries/index.html

Fees due to damaged beyond normal wear and tear or lost equipment will be charged to the FOP provided above. Charges will not exceed the full, current retail price of the damaged or unreturned equipment. The user will be notified prior to any charges assessed to the FOP.

Cell Phone Terms and Conditions
The cell phone is not available for separate checkout. Cell phones should be used for authentication and emergency purposes. Minimal personal use is acceptable.

A base fee of $35/month will be charged for use of the cell phone. This fee could change because of, but not limited to:
  • App downloads
  • Fluctuating international data rates
  • Exceeding the cell phone talk and data plan

Notes: ____________________________________________________

Signature: __________________________________________________
Title: _______________________________________________________
Department: _________________________________________________
Date: _______________________________________________________