



Office of Information Technology
 HelpDesk/Computer Store
 315-268-6700 or fax 315-268-6570

Technology Rental Form

1. Type of Rental (daily/weekly)

<input type="checkbox"/> Laptop (\$10.00/\$40.00) <input type="checkbox"/> LCD Projector (\$40.00/\$160.00) (\$25.00/4 hour rental) <input type="checkbox"/> Projector Screen (\$5.00/\$20.00) <input type="checkbox"/> Set-up Fee (\$25.00) <input type="checkbox"/> TAC Cables/TV Remote (No Charge)	<input type="checkbox"/> Cell Phone (\$5.00/\$20.00) <input type="checkbox"/> Overhead Projector (\$10.00/\$40.00) <input type="checkbox"/> TV + VCR/DVD (\$10.00/\$40.00) <input type="checkbox"/> Digital Camcorder (\$20.00/\$80.00) (\$12.00/4 hour rental) <input type="checkbox"/> Conference Phone (No Charge)
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2. Lessee Information

Please Check One:	
<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> External to Clarkson University
Name/Phone: _____	Email: _____
Company Name/Address: _____	
(For internal use: <input type="checkbox"/> Sent email confirmation to customer. Initial: _____)	
Issue Date: / /	Return Date: / / by 8:00 a.m.

3. Rental Information

Item 1 Make/Model: _____	Total Cost: _____
Item 2 Make/Model: _____	Total Cost: _____
Item 2 Make/Model: _____	Total Cost: _____
Set-up Fee/Location (if applicable): _____	Total Cost: _____
Grand Total: _____	
Form of Payment:	
<input type="checkbox"/> Check (Made payable to Clarkson University) <input type="checkbox"/> CU Account _____	

I understand and accept my responsibility to return all items issued by the return date/time above in the same condition in which they were issued. The items issued to me on this date are in good working order unless otherwise noted on the back of this form in writing and initialed by issuer. I have read and signed the terms and conditions of this rental agreement.

Signature: _____ Date: ___/___/___

