

# LDH ASSET OR MOVEABLE PROPERTY TAG REQUEST

(MANDATORY- Purchase Order/P-Card Receipts/Expenditure Forms (Optional:Photos, Scans of Warranty Booklets)

- OVER \$1000 (State Tag)
- OVER \$5000 (State Tag) + AMR
- OVER \$5000 (State Tag) + EMR
- OVER \$5000 (State Tag) + AMR + EMR
- UNDER \$1000 (Agency Tag)

Property Location Liaison/Coordinator/Manager Name & Personnel #: \_\_\_\_\_

LaGov Cost Center: \_\_\_\_\_ Plant Maintenance #: \_\_\_\_\_

Building Slab/Functional Location Name/ID #: \_\_\_\_\_

SUPPLEMENTAL (FORM A.1) ATTACHED AMR# \_\_\_\_\_ EMR# \_\_\_\_\_

**FUNDING SOURCE(S):** LaGov Fund Code: \_\_\_\_\_ Percent (%): \_\_\_\_\_

(must complete)

LaGov Fund Code: \_\_\_\_\_ Percent (%): \_\_\_\_\_

Method of Purchase: \_\_\_\_\_ PCard/Purchase Order # \_\_\_\_\_ RECEIPT/INVOICE PO DATE: \_\_\_\_\_ Date Rec'd Asset: \_\_\_\_\_

(This form must be submitted to the Agency/Facility Property Coordinator/Manager within 5 days of receiving the order, along with the mandatory documents.)

| Class Characteristics:                  | Serial # | Cost Per Item <small>Include Additional freight and install charges</small> | Make | Model | Manufacture Date | Assigned Employee Name & Personnel | OFFICE USE ONLY (NOTIFICATION #) |
|---|----------|---|------|-------|------------------|------------------------------------|----------------------------------|
| <b>LIST EACH ITEM ON A SEPARATE ROW</b> |          |   |      |       |                  |                                    |                                  |
|   |          |   |      |       |                  |                                    |                                  |
|   |          |   |      |       |                  |                                    |                                  |
|   |          |   |      |       |                  |                                    |                                  |

**Use Form A.1 in addition to Form A ONLY if you have additional items to add AND check supplemental box**

Signature of Property Liaison/Coordinator/Manager Validates Request \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

|   |   |
|---|---|
| Signature of Agency/Facility Property Coordinator Validates Request Processed _____<br>Signature of Agency/Facility Property Manager Validates Approval of Request _____<br>Signature of PC/PM Supervisor Validates Approval of Request _____ | DATE RECEIVED TO PROCESS: _____<br>_____ (if applicable)<br>_____<br>_____<br>_____ |
|---|---|

**DISCLAIMER: Supervisors signature will be required if agencies/facilities do not have adequate staff to cover each level.**

PICKED UP BY/DATE: \_\_\_\_\_ DATE MAILED: \_\_\_\_\_ \*\*TAGS MUST BE PLACED ON PROPERTY NO LATER THAN 5-7 DAYS AFTER PROCESSING DATE: \_\_\_\_\_