Clear

Form A.1 9/13/21 ss

LDH ASSET OR MOVEABLE PROPERTY TAG REQUEST

(SUPPLEMENTAL TO FORM A)

(**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 #: _____

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

Property Manager/Location Shall Keep Processed Paperwork on File for Auditing Purposes for 5 years.