

## LDH ASSET/MOVEABLE PROPERTY INTERNAL/EXTERNAL TRANSFER

**Sending Agency/Facility Information:**

- The sending agency/facility must have the moveable property reimaged prior to the asset being transferred (if required)  
 OTS INCIDENT TICKET # \_\_\_\_\_ **(MUST ATTACH OTS INCIDENT TICKET)**     CHECK IF SUPPLEMENTARY (FORM D.1) ATTACHED

- OVER \$1000
- OVER \$5000
- UNDER \$1000

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

Plant Maint. #: \_\_\_\_\_

**(NOTE: If transferring from your agencies plant # to another agencies plant # - transfers must be submitted to LDH Administrative Services for processing)**

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

| A   | B        | C           | D                                       | E   | F   | G   |
|---|----------|-------------|---|---|---|---|
| STATE/AGENCY<br>Notification # / Legacy # | SERIAL # | DESCRIPTION | REIMAGED<br>(COMPUTER<br>ONLY)<br>(Y/N) | Employee Name That <b>WILL BE</b> Assigned<br>Moveable Property<br><b>(TO BE COMPLETED BY RECEIVING PL/PC/PM)</b> | Employee Personnel # That<br><b>WILL BE</b> Assigned Moveable<br>Property<br><b>(TO BE COMPLETED BY<br/>RECEIVING PL/PC/PM)</b> | Employee Room<br># and Floor <b>(TO<br/>BE COMPLETED<br/>BY RECEIVING<br/>PL/PC/PM)</b> |
|   |          |             |   |   |   |   |

**\*\*USE FORM D.1 IN ADDITION TO FORM D IF YOU HAVE MORE THAN ONE ITEM TO TRANSFER**

\_\_\_\_\_  
**Sending** - Property Liaison/Coordinator/Manager Validating Asset      Date      **Sending** - Section Chief/Director Validating Asset (signature required if outside of agency/facility)      Date

**Receiving Agency/Facility Information:**

Property Liaison/Coordinator/Manager Personnel # For **Receiving** Location: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Plant Maint. #: \_\_\_\_\_

Building Slab/Functional Location Name/ID #: \_\_\_\_\_  
**(Must complete columns E, F, G at top)**

**Receiving Property Liaison/Coordinator/Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

|  |                      |                   |
|--|----------------------|-------------------|
| Signature of Agency/Facility Property Coordinator Validates Request Processed      | Date (if applicable) | Request Received: |
| Signature of Agency/Facility Property Manager Validates Approved To Transfer Asset | Date                 |                   |
| Signature of PC/PM Supervisor Validates Approved To Transfer Asset                 | Date                 |                   |

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

|  |             |
|--|-------------|
| <b>Signature of LDH Administrative Services Validates Plant Maintenance Transfer</b> | <b>Date</b> |
|--|-------------|