Clear

Form D.1 4/5/2022 ss
REQUEST

LDH ASSET/MOVEABLE PROPERTY INTERNAL/EXTERNAL TRANSFER

○ OVER $1000
○ OVER $5000
○ UNDER $1000

SUPPLEMENTAL TO FORM D
(ONLY USE THIS FORM IN ADDITION TO FORM D IF YOU HAVE MORE THAN ONE ITEM)

Property Location Liaison/Coordinator/Manager Name and Personnel #:_____

Plant Maint. # _____

Building Slab/Functional Location Name/ID #: _____

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

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