

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)

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

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

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

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

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 #)
LIST EACH ITEM ON A SEPARATE ROW							