

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 #)
LIST EACH ITEM ON A SEPARATE ROW							

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 _____ Date _____ (if applicable) DATE RECEIVED TO PROCESS: _____

Signature of Agency/Facility Property Manager Validates Approval of Request _____ Date _____

Signature of PC/PM Supervisor Validates Approval of Request _____ Date _____

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: _____