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.