Form D 4/5/2022 ss

LDH ASSET/MOVEABLE PROPERTY INTERNAL/EXTERNAL TRANSFER

Form D 4/5/2022 ss LDH ASSEI/MOVEABLE PROPERTY INTERNAL/EXTERNAL TRANSFER							□ OVER \$1000	
Sending Agency/	Facility Information:						☐ OVER \$5000	
	•	veable property reimaged prior to the asset l	being transferred (if required)			☐ UNDER \$1000	
OTS INCIDENT TICKET # (MUST ATTACH				TICKET)	CHECK IF SUPPLEMENTAR	RY (FORM D.1) ATTACHED		
Plant Maint. #		ger Name and Personnel #:ant # to another agencies plant # -					ing)	
Building Slab/Eur	nctional Location Name/ID #	:-						
A Stab/Ful	B	C	D		E	F		
STATE/AGENCY Notification #/Legacy #	SERIAL#	DESCRIPTION	REIMAGED (COMPUTER ONLY) (Y/N)	Employee Name Move (TO BE COMPLETE	P That WILL BE Assigned eable Property ED 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)	
	Liaison/Coordinator/Manager V		Sending Sect	ion Chief/Director	Validating Asset (signatur	re required if outside of ago	ency/facility) Date	
	Facility Information: Coordinator/Manager Perso	onnel # For <u>Receiving</u> Location: _						
Contact Phone No	Plant Maint. #							
Building Slab/Fur	ntional Location Name/ID #:							
	olumns E, F, G at top)							
Receiving Property	Liaison/Coordinator/Manager		Date	_				
OFFICE USE ONL	.Y							
Signature of Agency/Facility Property Coordinator Validates Request Processed			Date	(if applicable)	Request Received: -			
Signature of Agenc	Date							
Signature of PC/PM Supervisor Validates Approved To Transfer Asset DISCLAIMER: Supervisors signature will be required, if agencies/facilities do not have adec				cover each level.				
Signature of LDH A	dministrative Services Validate	s Plant Maintenance Transfer	Date					

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