Form E 4/5/2022 ss

## LDH REQUEST TO LOAN ASSET/MOVEABLE PROPERTY TEMPORARILY INTERNAL LOAN \_\_\_\_\_ EXTERNAL LOAN \_\_\_\_\_

☐ OVER \$1000

SENDING AGENCY/FACILITY INFORMATION:  Property Location Liaison/Coordinator/Manager Name and Personnel #:  Building Slab/Functional Location Name/ID #:  If a computer is loaned EXTERNALLY, computers must be "REIMAGED"(copy of OTS ticket must accompany this form) MUST INDICATE A DATE NOT TO EXCEED 6 MO							☐ OVER \$5000 ☐ UNDER \$1000	
If a computer is lo STATE/AGENCY NOTIFICATION #/ LEGACY #	serial #	must be "REIMAGED"(copy of OTS tic	Loan Beginning Date	Loan Ending Date	TINDICATE A DATE N DATE LOAN RETURNED TO AGENCY/SECTION	OT TO EXCEED 6 MONTHS Signature/Date of Liaison/Coordinator When Item	Sending Property /Manager Validates	
ignature/Date of SENDIN	NG Property Liaison/Coordi	nator/Manager:						
ignature/Date of SENDIN	NG Agency/Facility Section (	Chief/Director Approval (INTERNA	L <u>):</u>					
		Chief/Director Approval (EXTERNA						
		Plant Maint. #:						
uilding Slab/Function	nal Location Name/ID #:							
s the designated Agency/Fa	acility Representative, I certify th	at the above listed asset/moveable pro	operty is our agencies/fac	cilities respo	nsibility and shall be us	sed for business use only.		
ignature of RECEIVING		Date						
FFICE USE ONLY –								
	Signature of Ag	Signature of Agency/Facility Property Manager Validates Loan Date						
Signature of Agency/Facility Property Coordinator Validates Request Processed (IF APPLICABLE)  Date PC/PM Received Request:			DISCLAIMER	Signature of PC/PM Supervisor Validates Request  Disclaimer: Supervisors signature will be required, if agencies/facilities do not have adequate staff to cover each level.  Date PC/PM Validates Item Returned:				