

PROPERTY MANAGEMENT Asset Action Request Form

Property Management				DATE	DATE	
3555 River Road, Baton Rouge, LA 70803				DEPARTMENT NAME		
Email:	property	@lsu.edu Phone	e: 225.578.6921	COST CENTER NUMBER		
REQUEST TYPE (REQUIRED): ONLY ONE (1) PER FORM						
-	SURPLUS (SURPLUS (Will Deliver)	SCRAP	DISMANTLE	
		L				
			TRADE-IN (quote w/credit)	OTHER		
MARK	ALL THA	T APPLY:			_	
			TAGGED	NON-TAG (list by qty)	DATA SANITIZATION FORM ATTACHED	
		_				
BUILDING & ROOM #				FOR PROPERTY MANAGEMENT USE:		
CONTACT NAME PHONE #						
EMAIL				APPROVALS IN WORKDAY COMPLETE?		
TRANSACTIONS INVOLVING TAGGED (INVENTORIED) ASSETS MUST BE APPROVED IN WORKDAY BY COST CENTER MANAGER						
**Depending on size and complexity of pickup, department may be required to place a Facility Services work order (for a fee). Some requests may require						
pickup by LPAA, and significant advance notice may be necessary. Property Management will review and determine the best handling. Attach additional pages if needed.						
	PROP MGT USE ONLY					
			<u> </u>		1	
	QTY	INVENTORY NUMI			DATA SANITIZATION	
QTY	P/U	(LSU TAG#)	SERIAL NUMBER	EQUIPMENT DESCRIPTION	FORM REQ (Y/N)	
					+	
					+	
ASSET CUST/COST CENTER MGR SIGNATURE/DATE						
		7.002. 00	, 300. CI.III.			
DRODEDTY MANAGEMENT DECEIDT SIGNATURE /DATE						