LSU

PROPERTY MANAGEMENT
Asset Action Request Form

Property Management
3555 River Road, Baton Rouge, LA 70803
Email: property@lsu.edu Phone: 225.578.6921

DATE _____
DEPARTMENT NAME _____
COST CENTER NUMBER _____

REQUEST TYPE (REQUIRED): ONLY ONE (1) PER FORM

☐ SURPLUS (Pick Up**) ☐ SURPLUS (Will Deliver) ☐ SCRAP ☐ DISMANTLE

☐ TRADE-IN (quote w/credit) ☐ OTHER

MARK ALL THAT APPLY:

☐ TAGGED ☐ NON-TAG (list by qty) ☐ DATA SANITIZATION FORM ATTACHED

BUILDING & ROOM # _____
CONTACT NAME _____
PHONE # _____
EMAIL _____

FOR PROPERTY MANAGEMENT USE:
SCHEDULED PICKUP DATE: _____ _____
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.**

QTY	*PROP MGT USE ONLY* QTY P/U	INVENTORY NUMBER (LSU TAG#)	SERIAL NUMBER	EQUIPMENT DESCRIPTION	DATA SANITIZATION FORM REQ (Y/N)

ASSET CUST/COST CENTER MGR SIGNATURE/DATE _____

PROPERTY MANAGEMENT RECEIPT SIGNATURE/DATE _____