



Cannibalization Request

NOTE: Permission to cannibalize assets must be obtained **prior** to cannibalization.

Department or Division Name _____	
Person making request _____	
Person responsible for asset _____	Banner _____

Model Number _____	Manufacturer _____
Yr. of Manufacture _____	Yr. NMT Received _____
Original Acq. Cost \$ _____	Fund/Index _____

Asset Location: Building _____ Room _____ Other _____

Why would you like to cannibalize this asset? _____

When was the last time this asset was used? _____

Is the asset functional? _____

What will the cannibalized part(s) be used for? _____

PCN and or description of asset(s) receiving the part(s) _____

If purchased with restricted funds, have you received permission from the contracting officer?

If yes, please attach a copy of the written permission. If no, do so before continuing.

NOTE: Once authorization to proceed with the requested action has been granted, the department must carryout the action within 30 days of the date of approval. ~~to~~

Requestor's Signature _____

Department Chair or Supervisor's Signature _____

Date _____

Property Representative's Signature _____

Date _____