

EQUIPMENT CANNIBALIZATION REQUEST FORM

This form is used to request authorization to remove parts from an obsolete piece of equipment being turned-in to Surplus.

INSTRUCTIONS:

1. **(Form Must Be Typed)** Complete this form and retain a copy for your records.
2. Submit the completed original form to the Capital Asset Manager (CAM) in the Inventory Department.
3. Attach this form to the Surplus Turn-In Form, if applicable.
4. A signed copy will be sent back to you with the CAM approval signature.

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|---------------------------------------|--|-------------------|--|-------------------|--|-------------------|--|
| Department: | | Unit Code: | | Date: | | Phone Ext: | |
| Inventory Contact Person (ICP) | | | | Signature: | | | |

REQUEST APPROVAL TO CANNIBALIZE EQUIPMENT LISTED BELOW

| UTSA TAG # | BAR CODE # | SERIAL # | DESCRIPTION OF ITEM | ITEM COST | LOCATION BLDG/ ROOM # |
|------------|------------|----------|---------------------|-----------|--------------------------|
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JUSTIFICATION FOR CANNIBALIZATION (this section MUST be completed)

INVENTORY MANAGER'S REVIEW

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|--|--|
| <input type="checkbox"/> Create spare part(s) for equipment in this department for: | |
| <input type="checkbox"/> Equipment is beyond economical repair, but still has usable parts | |
| <input type="checkbox"/> Part(s) will be added to existing equipment barcode/Tag ID # | |
| <input type="checkbox"/> Part(s) removed from a Vehicle | |
| <input type="checkbox"/> Other (explain) | |

REQUIRED SIGNATURES

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|--|--|-------------------|--------------|
| Authorized Departmental Official/Chair: | | Signature: | |
| Capital Asset Manager: | | Signature: | Date: |