

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: (Form Must Be Typed)

1. Complete, sign, scan, and email to the inventory.department@utsa.edu; use SUBJ: Cannibalization Request and DeptID.
2. The Inventory Manager will review, approve/disapprove, sign and email a copy back to the Requestor.
3. The signed form MUST BE attached to the **Surplus Turn-In Form** (if applicable), before emailing it to the Surplus.department@utsa.edu.
4. Retain a copy for your records.

DEPARTMENT DETAILS

Department Name: _____ DeptID: _____
 Inventory Contact Person: _____ Phone: _____ Date: _____
 Signature: _____

EQUIPMENT DETAILS

REQUEST APPROVAL TO CANNIBALIZE EQUIPMENT LISTED BELOW

TAG NUMBER	DESCRIPTION	SERIAL ID	AMOUNT	LOCATION

JUSTIFICATION

****REQUIRED****

Create spare part(s) for equipment in this department for: _____
 Equipment is beyond economical repair, but still has usable parts.
 Part(s) will be added to existing equipment, Tag Number: _____
 Part(s) removed from a vehicle.
 Other: _____

Inventory Manager Review

AUTHORIZATION

Authorized Department Official/Chair _____ Signature _____ Title _____

INVENTORY USE ONLY

Inventory Manager _____ Signature _____ Date _____