

## Cannibalization Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department/Station: \_\_\_\_\_ Phone: \_\_\_\_\_

Asset Number (Begins with AST-\_\_\_): \_\_\_\_\_

Asset Identifier/Inventory Tag: \_\_\_\_\_

Asset Name: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

I can confirm that all cannibalized parts are being used to maintain equipment owned by UADA within the original department/station.

\_\_\_\_\_  
Signature of Person Requesting Cannibalization

\_\_\_\_\_  
Department/Unit Head Approval

\_\_\_\_\_  
Property Accounting Approval

Please email this form to [property@uada.edu](mailto:property@uada.edu)