Cannibalization Form: Please fill out all fields to request approval to cannibalize

Contact information:

1. Name
2. CC — Cost Center
3. Phone
4. Email
5. Date — (MM/DD/YYYY)

Equipment information:

1. UA Tag number
2. Make
3. Model
4. Description
5. Serial #

Requesting Contact Signature:

I agree that all parts are being used to maintain other University of Arkansas equipment belonging to the requesting department.

Warehouse Approval Signature:

Email to cfornoff@uark.edu