

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

**Contact information:**

1. Name
2. BU (4 Letter Alpha Code)
3. Phone
4. Fax
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 equipment belonging to department.

Warehouse Approval Signature:

Please fax form to 479/575-4331 or email to [goodson@uark.edu](mailto:goodson@uark.edu)