

Request for Cannibalization/Modification of Controlled Equipment

Note. --See instructions on reverse. Please type or print clearly.

NAME OF REQUESTER	ORG. CODE	TYPE OF REQUEST <input type="checkbox"/> CANNIBALIZATION <input type="checkbox"/> MODIFICATION	DOCUMENT NO.
-------------------	-----------	---	--------------

SECTION 1-- EXISTING EQUIPMENT

DESCRIPTION *(Include item name, manufacturer, model number, serial number, etc.)*

EQUIP. CONTROL NO.	USER DIVISION	EQUIPMENT LOCATION	CONDITION CODE	ACQ VALUE
--------------------	---------------	--------------------	----------------	-----------

SECTION II -- EQUIPMENT CHANGE DATA

DESCRIPTION *(Include, new name, value and name of new/remaining components; type and value of residue, if cannibalization, estimated overall value)*

SECTION III -- CANNIBALIZATION/MODIFICATION

DESCRIPTION *(Give justification for dismantling, alteration, change, removal, etc. Continue on separate sheet, if necessary)*

SIGNATURE OF REQUESTER	PHONE NO.	DATE:
------------------------	-----------	-------

SECTION IV -- CERTIFICATION

I CERTIFY THAT IF THE ABOVE ITEM(S) IS (ARE) APPROVED FOR CANNIBALIZATION, THE RESIDUE WILL BE TURNED IN TO THE PROPERTY DISPOSAL OFFICER FOR FURTHER UTILIZATION OR DISPOSITION.

SIGNATURE OF PROPERTY CUSTODIAN	PHONE NO.	DATE:
---------------------------------	-----------	-------

SECTION V -- ACTIONS

USER DIVISION/DIRECTORATE REVIEW

APPROVED	REASON <i>(if checked "No")</i>
YES	
NO	

NAME AND TITLE	SIGNATURE	DATE:
----------------	-----------	-------

CONTRACTING OFFICER'S OR OTHER OFFICIAL'S REVIEW, AS REQUIRED

APPROVED	REASON <i>(if checked "No")</i>
<input type="checkbox"/> YES	
<input type="checkbox"/> NO	

NAME AND TITLE	SIGNATURE	DATE:
----------------	-----------	-------

SUPPLY AND EQUIPMENT MANAGEMENT OFFICER OR CONTRACT PROPERTY ADMINISTRATOR REVIEW

APPROVED	REASON <i>(if checked "No")</i> AND REMARKS
YES	
<input type="checkbox"/> NO	

NAME	SIGNATURE	DATE:
------	-----------	-------